

HISTORICAL COLLECTION

SERIAL

v. 6

A

July 1890

Columbia University
in the City of New York

June

1891

College of Physicians and Surgeons



Library

SERIAL

A

Spec Coll

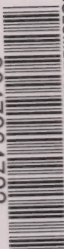
Hist Coll

v. 6

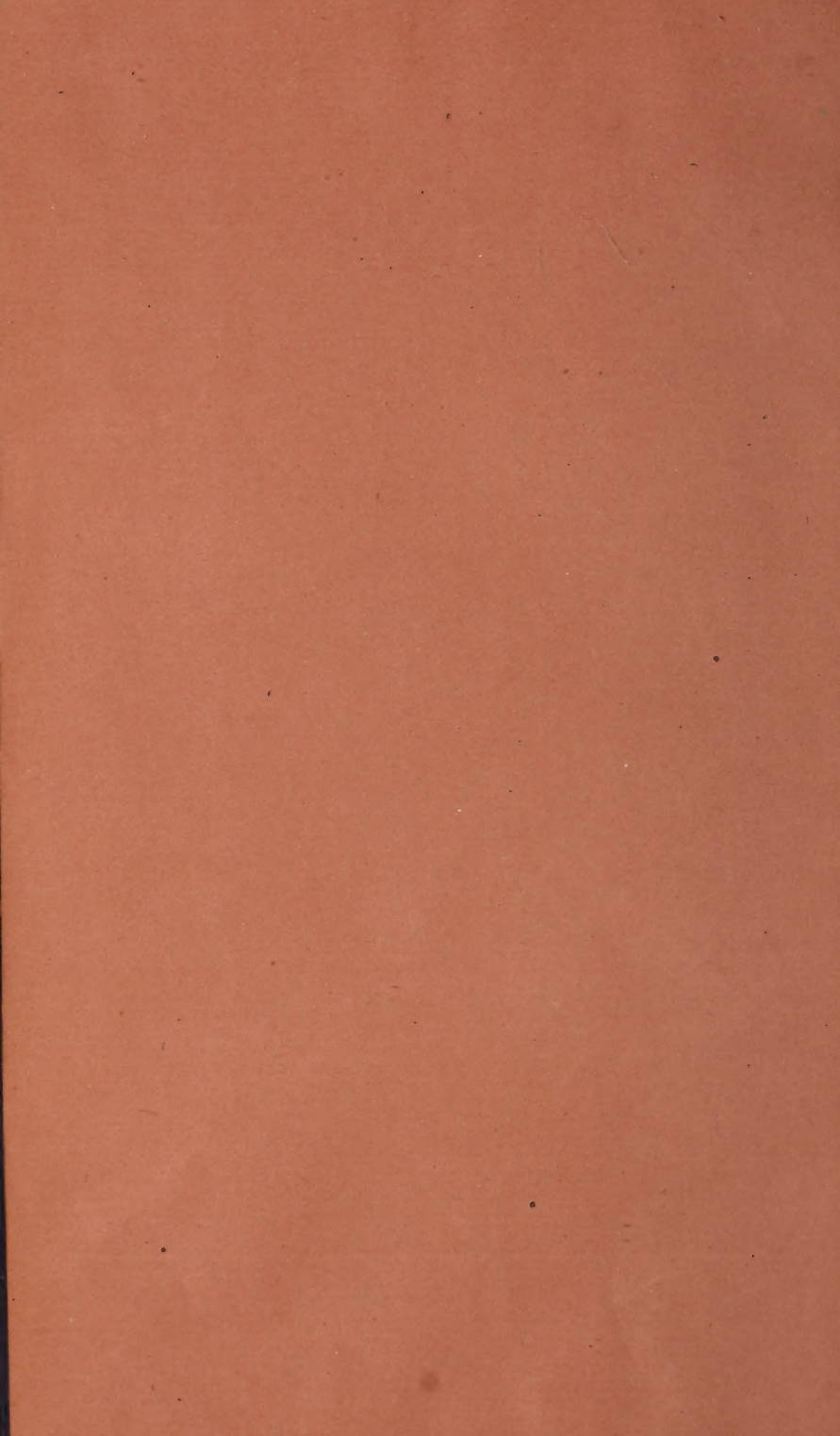
no. 1-12


1870-71

COLUMBIA UNIVERSITY LIBRARIES



0047964723





Digitized by the Internet Archive
in 2014



AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine
AND
THE COLLATERAL SCIENCES.

VOL. VI.

JULY, 1870.

No. 1.

ORIGINAL COMMUNICATIONS.

INSTRUMENTAL SUPPORT OF THE UTERUS.

BY GEO. H. TAYLOR, M. D.

MALPOSITION of the uterus is a frequent, indeed an almost constant element of uterine affections. When the deviation from the correct position is considerable, this fact becomes the chief subject of medical regard, and has stimulated the devising of various forms of apparatus designed to remedy the faulty position.

These mechanical contrivances appear to be devised for the purpose of sustaining the uterus from below. They almost invariably consist of variously constructed props, shelves, or scaffoldings, on which the uterus can rest. Some of these forms of apparatus are quite elaborate and complicated; they are adapted to internal as well as external use, and some combine both purposes.

The *external* appliances are so adjusted as to afford *upward* and *inward* pressure at the hypogastrium, immediately over the pelvis. To secure this, bands of fabric, rubber, steel, or a combination of these, are passed around the body, so as to obtain counter-pressure either from the back or the whole surface thus encompassed.

This upward and inward pressure upon the abdominal contents produces, at first, a very comfortable feeling, which is well calculated to deceive in regard to the ultimate consequences. The abdominal contents are held up, and the sense of dragging is relieved, while the removal of weight previously sustained by the respiratory muscles, seems to improve respiration. But if the effect is still further examined, it will be found that the motion of the contents of the abdomen derived from respiration *has been prevented*—the wholesomeness and necessity of this motion has before been shown.

Of course, the respiratory and the supporting muscles, being thus relieved of all action, immediately become weak; and the victim of this treatment very soon finds herself utterly dependent on this false support to enable her to move about the house, or even to endure the upright position. I am acquainted with a woman who has worn an instrument of this kind for nineteen years. She is perfectly aware of the injury it inflicts upon her, but is unable to disuse it, so attenuated and paralyzed have the supporting muscles become. Another woman, deceived by the apparent support afforded, which she conceived to be due to the elevated position secured to the uterus, caused the bands to be tightened till the supporting pad over the pelvis was pressed into the soft structures of those parts. She felt obliged to keep in bed, except when the instrument was buckled tightly.

An examination revealed, what it must in nearly all cases of this kind, that the body of the uterus was *crowded down*, and kept down by the pressure of the instrument, quite below the position it would otherwise occupy; thus causing this organ to press so strongly upon the bladder and rectum as seriously to interfere with the functions of micturition, and to render natural defecation quite impossible. In this case, whatever there was of disease pertaining to this region was certainly perpetuated and aggravated by this form of treatment; and so deceived was the victim in regard to the cause of these effects, that it was with the utmost difficulty that she could be prevailed upon to abandon the use of her instrument. These cases do not at all ex-

aggerate the influence and the ultimate effect of external instrumental support. Such support deprives the uterus of its natural support, and, instead of restoring, it tends to and actually does displace the organ. This kind of support not only prevents the nutrition and diminishes the power of the abdominal and respiratory supporting muscles, the *real* support, but they prevent the natural *oscillating motion* of the contents of the abdomen and pelvis, which we have before shown to be essential for maintaining the circulation and preventing the congestion of these parts. Even the minutest capillaries suffer from diminution of the contractile power of the muscular elements of the region so repressed, and hyperæmia is the inevitable consequence. With hyperæmia, and the effects of gravitation aggravated rather than restrained by the instrument, serious disease of some portion of the pelvic contents, the rectum, bladder or uterus, follows as an easy and natural result.

The other mode of affording instrumental sustentation to the uterus referred to is by means of the *pessary*. This instrument is designed for introduction into the vagina; it finds lodgment at its circumference in the soft surrounding tissues supported by the pelvic bones. The form of pessary most in use is that in which the neck of the uterus is allowed to drop through the opening of the instrument, by which means the axis of inclination of the organ is in some degree corrected.

It is evident, from the anatomical conformation of these parts that no support whatever is afforded unless the mechanical adjustments are such that the instrument is sustained by the pelvic bones. In a large number of the cases from which I have removed the instrument (it becoming superfluous in my treatment) this mechanical adjustment did not exist, and the instrument was consequently of no use whatever, and is often found lying loose in the vagina. Even in case of most perfect adjustment, it is impossible from the nature of the case to maintain the uterus by this means at only a certain and very moderate elevation—in fact, considerably less than actually exists when the health is restored, and the legitimate sustaining powers rendered available.

An instrument of this sort may with propriety be temporarily used in certain rare cases ; such, for instance, as when it may aid in correcting extreme deviation of the axis of the womb. But even in these cases it should be regarded as a supplementary recourse, not as a primary or curative procedure ; for not until the laws of the economy are reversed can radical curative effects come from the conception of treatment on which the employment of these instruments is founded.

That invalids of this class are so commonly allowed to use the *pessary* argues the limited resources at the physician's command rather than his confidence in its curative effect. Its use fulfils at least his desire to do something, or to *appear* to do something, in response to his patient's prolonged entreaties for help.

But in employing this form of support the physician apparently ignores the fact that he acts counter to the obvious natural principles. He seems to forget that the pelvis more resembles a tube, with its inferior extremity open, than an enclosed space ; that, in fact, the inferior boundary of the pelvis is the one that nature practically leaves open ; that whatever support is required in the healthy woman comes from the opposite direction ; and that the most effectual support that is possibly available, to any useful extent, consists simply in bringing into healthful relations and active use the *muscular* support with which every living woman is already provided.

But the pessary, as commonly used, is not merely supererogatory. In numerous cases which I have seen, and which, doubtless, exist in every community, it is a positive and effectual impediment to restoration. The modes in which it acts deleteriously may be enumerated as follows :

1. If of sufficient dimensions to answer its intended purpose, the pessary maintains an extreme distention of the vaginal walls. This is utterly preventive, and, in time, destructive of the contractile power of these walls. The non-contractile pessary is but a sorry substitute for this loss of function.

2. The constant presence of a foreign body in the vagina, actually exerting pressure, not only upon its walls, but the surrounding tissues, is a profound cause of *irritation* of the whole

pelvic region. This pressure exerted upon vessels will hinder the flow of their contents and cause distension of their remotest twigs; exerted upon muscles, it will prevent their action, and they become shrunken and useless; exerted upon the mucous membrane, it causes irritation and an abundant and debilitating secretion of mucus and even of purulent matter. This determines a corresponding flow of blood to the membrane from which so much is lost; consequently a larger supply is conveyed to the pelvis than is compatible with its health. This, of course, produces a tendency to congestion of all or any portion of the region, involving ultimately all the progressive stages of pelvic disease.

3. The hypersecretion described does not consist merely of fluids; it implies a proliferation of all cell-growth on the secreting surfaces—a *vital* act; and doubtless carries with it a loss of so much vital power otherwise available for other functional uses.

4. The products of secretion into the vagina, being composed of *mucus*, *albumen*, and *an abundance of cell-walls and saline matter*, are *viscid*, and tend to adhere to the foreign body with which they come in contact, and are thus beyond the reach or influence of the ciliary action, which, under ordinary circumstances, duly drives them forward to the vaginal outlet. These matters, therefore, necessarily suffer decomposition within the vagina. The products of this decomposition are liable to absorption, thus adding systemic disease to the local; at any rate they react on the vaginal membrane, cause irritation, and are, no doubt, often the cause of a “solution of continuity,” or ulceration of any portion of the mucous membrane, which, from other causes, may be rendered liable to this consequence.

5. Not the least of the evil effects of the pessary is that visited upon the nervous system. The complication of *nervous* with uterine disease will receive due attention in another place; but it is due here to say that this condition, existing to an extent most difficult to be remedied in ordinary cases, is without doubt greatly aggravated by the use of the pessary. Its presence is an unfailing stimulant to the sensory function of the pelvic region, which powerfully reacts upon the general system. There

is no doubt too that the absorption of the toxic principles generated in contact with the vaginal walls, may be as influential in increasing and perverting the *sensations*, as a similar cause would be at the digestive surface. The attention becomes directed and finally morbidly fixed at the local point and source of pain, and the whole mental power becomes narrowed in proportion as it is drawn into this exclusive channel.

But the local pain is more than paralleled by the havoc made with the general nervous system. The indefinable uneasiness, the backaches, headaches, the nervous startings and shudderings, the depression of spirits, and the hysteria that make up the life of a woman so afflicted, would nearly render it a terror to be a woman if all this suffering was inevitable and as necessary as it appears in fact to be.

Uterine supports have been devised in which the supporting part is held in place by its connection through a stem, with an external band. This is mentioned in this place because it presents to some persons the specious recommendation of obviating some of the ill effects above enumerated, viz., pressure upon soft parts, upon vessels and bones, and over-distention of vagina. These objections are, however, only remedied in a degree, and it is hardly possible that the advantages mentioned will compensate for the great disadvantages of this method of sustentation, being complicated and cumbersome, and involving interference with locomotion and the troublesome necessity of frequent readjustments.

The objections to every form of mechanical support are radical, and admit of no complete removal. Supports do nothing, or next to nothing, toward removing the *cause* of the difficulty they are expected to meet, even when the results of their use are most satisfactory and complete. Any mode of treatment which shall succeed in restoring the *natural supports* renders these mechanical substitutes not only unnecessary, but demonstrates their inappropriateness.

The advocates for artificial mechanical sustentation think they find an argument for their use in the assumed analogy between this form of support and those called in requisition by defective

limbs. This analogy will not, however, bear close investigation. The limbs are taxed with supporting the body. The uterus has no parallel function, but is itself supported. Another statement frequently made is, that the supporting muscles, being weak, need mechanical aid to supplement their defective function. While the supporting muscles are inadequate, it by no means follows that an artificial substitute for their function will increase their action and power. The reverse is generally conceded to be the case respecting muscles located elsewhere. When it shall be conclusively proved that by enforced inertia, whether by bandaging or removing incentives to contraction, the muscles shall thereby receive more blood, become more contractile and active, then it may be admitted, and not till then, that the arguments and conclusions predicated upon the enfeebling effects of supporters may be reversed.

CASES IN PRACTICE.—TRAUMATIC STRICTURE OF THE
URETHRA, PERINEAL OPERATION BY SYMES' METHOD,
DIABETIS AND CHRONIC ALBUMINURIA.

BY EDWIN FREEMAN, M. D.,

Professor of Surgery in the Eclectic Medical College of the City of New York.

JAMES MAHER, New Haven, Ct., aged twenty-eight years, fell from a scaffolding about the 1st of June, 1869, and injured his perineum, causing severe stricture of the urethra. He was under the care of two of the best old-school surgeons of that city, who pronounced the case hopeless, but proposed tapping the bladder by the supra-pubic method. Dr. M. H. Linquist, of that city, was consulted by his friends and advised against the operation. The patient was placed under his care July 14th. He says: "I succeeded in nearly evacuating the contents of the bladder by the use of depletives, such as hot fomentations, lobelia poultices, etc. In a few days abscesses began to form and break internally, discharging from the urethra. I was sent for July 29th. I found him in a truly pitiable condition, with terrible bearing-down pains, abdomen greatly distended, and inability to

pass more than a few drops of urine. He had not slept for some time, was much emaciated, and all his friends supposed he must die. I operated in the evening by lamplight, assisted by Drs. M. F. Linquist and J. H. Robinson. I previously made an unsuccessful effort to introduce the smallest bougie. I thus discovered that several false passages had been made, said to have been produced by forced catheterization soon after the injury. The stricture was seated at the anterior part of the membranous portion of the urethra.

Chloroform having been administered, and the patient placed in position for lithotomy, I introduced a Symes' staff, with a grooved director at the end, into the urethra, so that the small director entered as well as possible into the stricture. I then cut down into the middle line of the perineum upon the director; but perceiving that it was in one of the false passages I slightly withdrew it, and guiding the point, with my finger in the wound, into the stricture, I placed my bistoury in the groove, cutting as I passed it on the director into the bladder. As soon as an opening was obtained the urine gushed out with great force for several feet and the bladder was soon emptied. The patient was then left with Dr. Linquist. The after treatment was simple; an application of a lotion of fl. ext. arnica, ℥ij fl. ext. aconite, ℥i; aqua, ℥v., to be applied constantly. No catheter was introduced, but the urine was allowed to pass from the wound until it found its way from the urethra, which was very soon, and the wound soon closed up to a small fistulous opening, through which the urine would pass occasionally. He was given a tonic of tinct. ferri mur. ℥ss., quiniæ sulph. ʒi, syr. simp. ℥ij, aqua. ℥iss., a teaspoonful three times a day. Also, he was given marsh mallow tea to drink. In a month he began work again. The fistula was occasionally touched with strong nitric acid, applied with a fine wooden probe, and soon closed up. The Doctor writes that 'his general health is better than ever.' "

DIABETES MELLITUS AND CHRONIC ALBUMINURIA.—Mr. A., aged sixty-three, occupation auctioneer, was suddenly attacked, November 23d, 1870, with hemiplegia while sitting in his

office. He had two days before finished a heavy sale, lasting several days, and felt somewhat exhausted. I was called in to see him, and by a stimulant and tonic course of treatment, in conjunction with rubbing with stimulative liniments, soon succeeded in producing a favorable change in his condition. I then used in addition Jerome Kidder's electro-magnetic machine. He improved rapidly in the use of his limbs and in sensation. On analyzing his urine I found considerable sugar and also albumen. I gave him brewer's yeast in ale for the diabetes with good result, and fl. ext. rudbeckia and hydrangea for the albumen, with some improvement. He began to experience some pain in the right kidney and urethra of a spasmodic character, which was probably the result of the stimulant treatment, in part, and of other causes, producing amorphous urates in the urine, which acted as an irritant in their passage.

That was relieved by the exhibition of alkalis and anodynes. I omitted further stimulants and the use of the battery for several months. He went into the interior of the State for change of air, using while away iodide of potassium, also rudbeckia and hydrangea, and omitting the yeast. He could walk very well, go up and down stairs, and seemed quite smart. In November he returned. I found a considerable increase of the sugar; albumen slightly increased. He passed eight pints of urine in 24 hours; gets up two or three times in the night; has great dryness of the mouth. He restrains himself from drinking much liquid.

Considering that the production of sugar was the result of irritation of some diseased condition in the medulla oblongata, and that that was also the cause of the paralysis, I began the use of the *bromide of potassium* in 20 grain doses twice a day, which speedily reduced the quantity of urine to three pints in 24 hours, and reduced the sugar until it could not be detected by the most delicate application of Fehling's testing fluid of sulphate of copper. It, however, had the effect of weakening him very much, and I suspended its use, and gave him a good iron tonic, with nuxvomica and phosphoric acid, to make him stronger. In a short time the urine began to increase in quantity, and on testing it

there was considerable sugar. I began the bromide again, and again it disappeared, and the urine came down to two and a half to three pints. I continued the bromide for several days after the sugar had disappeared, and then discontinued it, and used only the tonic, as he complained of being very weak. I thus continued using the bromide whenever the sugar appeared, always with the same effect; the sugar disappeared but the weakness increased. The quantity of albumen was also reduced to very little. As his limbs did not get any stronger during this time, and there seemed to be no real gain on the whole, I had him use the "exhauster or vacuum cone," applied twice a week, sometimes to the entire body and at others to the limbs only. At the end of six weeks there was some increase of strength, the pain which he had sometimes felt in his groin had disappeared, but he had another attack of irritation in kidney and ureter, which I relieved. The sugar had not increased any nor the albumen. He could walk better. He continued the exhauster once a week for several weeks until the present time. There is a diminished quantity of sugar and albumen, there being only a trace of the former, and the urine is steadily $2\frac{1}{2}$ to 3 pints daily. I began to give him $1\frac{1}{2}$ teaspoonfuls of brewer's yeast in a gill of lager beer when he began the use of the exhauster; also the fl. ext. agri-mony; also a powerful tonic, containing phosphorus and nux vomica. I have known the yeast treatment to be excellent in diabetes.

I think that those agents have done much towards improving his condition, although possibly something is due to the use of the exhauster. One thing is certain, that the bromide of potassium will, in a case of diabetes mellitus, caused by some irritation of the medulla oblongata, effectually and certainly control the secretion of sugar, and decrease it as well as the urine. It has been conclusively proved by vivisections that irritation of the medulla oblongata, at the middle of the floor of the fourth ventricle, will cause sugar to appear in the urine (glycosuria). I think that it may be possible that the prolonged use of the voice, calling into action the nerves of the tongue and respiration, may

have tended to produce exhaustion, and consequent congestion in the ganglionic masses at the roots of those nerves in the medulla oblongata; that glycosuria was first developed, and the sugar irritating the kidneys developed albuminuria. The two diseases, though slight, weakened the organism somewhat, until at last his usual labor was too much, and exhaustion resulted, and then paralysis. At some period previous to the attack of paralysis his urine troubled him to such a degree that he gave some of it to a physician to examine, and he reported to him that there was nothing unusual. I think the examination could not have been accurate, and that then he had the glycosuria. I used at different times in his treatment com. podophyllin pills, and $\frac{1}{2}$ gr. podophyllin, triturated with pulv. glycyrrhiza. I also used the ethereal solution of the peroxide of hydrogen in this case with no marked effect upon the sugar. I confined him for long periods to the usual diet prescribed for diabetic patients with not much benefit.

June 21st, 1870. }
NEW YORK, No. 63 W. 9th street. }

PUERPERAL CONVULSIONS.

BY CHARLES H. S. DAVIS, M. D.

April 6th, at 2 o'clock A. M., I was called to Southington to attend Mrs. John Roberts, who was in labor with her first child. Patient was twenty-one years of age, short, fleshy, and had always enjoyed good health. The labor-pains had commenced about 9 A. M., and had been very regular until I arrived at the house. After I had been in the house about ten minutes I sat down by the bed and engaged the patient in conversation. Upon examination I found the os uteri very high, and dilated about the size of a nicked penny. I had remained in the room about half an hour; the os was slowly dilating and the head advancing towards the perinaeum, when suddenly there was evidence of disturbance of the functions of the brain. Her manner was excited and conversation incoherent; the eyes sud-

denly became fixed and the pupils dilated; the countenance was flushed and distorted by spasmodic twitches, and the muscles of the whole body were thrown into a state of convulsive action, with violent struggling. The spasm lasted about two minutes. I happened to have about two ounces of chloroform with me, and I went into another room to get it, but before I could return the patient went into another convulsion, harder than the first. I immediately put her under the influence of the chloroform and sent a messenger after another physician and instruments. Dr. Wylie arrived about four o'clock.

While stating the case to him, I had removed the chloroform, which was now nearly exhausted, and in a few minutes the patient had another convulsion, which lasted some two or three minutes. The pulse was full, hard and bounding; stertorous respiration; marked puffiness of the face, but no oedema of the feet or legs. About eight ounces of blood were taken from the arm. The chloroform was now exhausted, and the convulsions returning with increased force and severity, it was deemed advisable to apply the forceps and deliver the child as soon as possible. A messenger who had been sent for chloroform having returned, the patient was brought completely under its influence. The os was now dilated about the size of a silver half dollar and very rigid. The male blade of the forceps was easily introduced, but it was found impossible to introduce the female blade. After about two hours' trial, and as there was no sign of the os dilating, it was thought best to use the knife. A sharp pointed bistoury was introduced and the ring divided. The forceps were now easily introduced and the child was taken away. Dr. Hildreth remained with her most of the time until her death, which took place the third day after her confinement. The treatment consisted of stimulants and morphine used hypodermically. Unfortunately her urine was not examined, as none could be obtained until the day that she died.

Thirty years ago, Dr. John C. W. Lever called the attention of the profession to the important fact that in puerperal convulsions the urine is proved to be albuminous; since that time, by more careful analysis of cases and accumulated evi-

dence, through the observations of Simpson, Dubois, Cazeaux, and others, the coincidence of the albuminous urine with eclampsia is now fully established and undisputed, and no well observed cases show this state of the urine to have been absent. The subject of puerperal convulsions is certainly receiving more attention at the present day than ever before, and the subject is no less interesting than important, markedly so on account of the recognition, within very recent times, of certain interesting facts and symptoms relating to it, but especially so on account of the great variety of opinions and wide divergence of views upon almost every point connected with it, whether etiological, pathological, or therapeutical. There are two points in the case that I have reported, to which I wish to call attention—the use of the knife and of chloroform. There are a very few writers who advocate the penetration of an undilated os by manual force, and at all hazards, or if this is impossible, to incise it. We know that it is done with perfect safety where there is an undelivered decomposing foetus in consequence of an undilatable condition of the neck of the uterus. Dr. Dutcher, in the *Philadelphia Reporter* for September 21, 1867, reports a case of a lady aged thirty-seven, who had been in labor nine days; the child's head presented low in the superior strait, and the os was dilated one inch in diameter, and as hard and unyielding as a piece of bone. Three incisions were made in the neck of the uterus by means of Cooper's hernia knife, one on either side, and one on the arch of the anterior lip, about three quarters of an inch in length. This left the parts in such a yielding condition that the forceps were introduced with very little difficulty, and after twenty minutes manipulation delivery was effected. The woman recovered and has since enjoyed good health. Dr. Dutcher concludes that the operation is legitimately safe and easily accomplished. Dr. Brickell, Professor of Obstetrics in the New Orleans School of Medicine, says, in the *New Orleans Journal of Medicine*, for January, 1868, "If it be a duty to cut the rim of a rigid os in labor (and it is by authority and common sense), it is doubly a duty when that labor is complicated with eclampsia." I have examined the works of Gooch, Denman, Rams-

botham, Churchill, Hodge, Meigs, Demees, West, Simpson, Cazeaux, Thomas, and Elliot, and 1 have collected the reports of fifty-three cases of eclampsia from medical journals, and nowhere do I find the use of the knife advocated in eclampsia, where there is a rigid os, with the two exceptions of Drs. Dutcher and Brickell. Gooch says, "that we have nothing to do with the uterus, but must attend to the convulsions." Denman says, "leave the work of delivery to Nature." Meigs says, "delivery must be regulated entirely by the fitness of the parts for the operation." Venesection and delivery are the time-honored and standard remedies for eclampsia; to these, in modern times, has been added chloroform, the power and reliability of which in controlling the disease is marked by the fact that it is used by the advocates of every theory, having conquered for itself a high place in the estimation of those who were at first timid, or strenuously opposed to its use. Says Dr. Elliot, in his "Obstetric Clinic," "If only one method of treatment were given to me for these cases, my choice would unhesitatingly be for chloroform; and I see every reason for believing that it is the most prompt and certain agent that we possess for moderating the violence and preventing the recurrence of the convulsions." Dr. Elliot resorts to the use of chloroform in almost every case. Dr. Chas. A. Lee reports the following case in the *American Medical Gazette* for August, 1860. Mrs. F. G., aged twenty-one, of very small frame and feeble constitution, was taken with labor pains with her first child. She had for several weeks presented a very leucophlegmatic appearance; her face swollen and of almost an alabaster color; feet and ankles also swollen, and troubled much with headache. On examining the urine, it was excessively loaded with albumen, containing by far the largest amount I have ever found in any case whatever. Fearing convulsions, I had provided myself with chloroform, and used it for three hours before delivery, and during the few last pains to the extent of producing complete unconsciousness. Labor-pains commenced at seven A. M., and delivery took place at three P. M. Several times before the labor was completed there were indications of approaching convulsions, such as turn-

ing up of the eyes, contractions of the hands, and involuntary twitchings, which were at once removed by the chloroform." After the labor was over, the patient appeared to be very comfortable, and the doctor left the house to see some other patients. During his absence the patient had a number of very violent convulsions, and during the next twelve hours she had ten. In the meantime some chloroform had been obtained, and for the next forty-eight hours she was kept under its influence. The patient at first retained her consciousness between the fits, but latterly remained perfectly comatose, and could not be roused. The pulse ranged from 150 to 180 in a minute, and much of the time too feeble and frequent to be counted; it, however, gradually came down, so that by the fifth day after delivery it was but 120. Life was sustained by essence of beef, brandy, carbonate of ammonia, wine, &c. The woman recovered, and in less than three weeks was sitting up the greater part of the day and nursing her infant. Dr. Lee concludes that no reasonable person can doubt for an instant that chloroform was the means of saving the woman's life; after all other means had entirely failed, life nearly extinct, the paroxysms becoming more and more frequent, and all hope of saving the patient nearly abandoned, the anæsthetic powers of chloroform were called into requisition, and with absolute and perfect success.

Scanzoni reports several cases (published in the *Am. Med. and Sur. Journal*, September, 1860), of eclampsia cured by subcutaneous injections of morphia. Dr. Wm. Perry, of Exeter, N. H., used ergot with great success in the treatment of eclampsia for upwards of fifty years, as a report was introduced by him on this point, in Thatcher's *Practice of Medicine*, in 1820. Dr. Jewett speaks very highly of the use of ergot in eclampsia in the *Boston Med. and Sur. Journal* for March 22, 1866. Dr. Gibbons reports in the *Pacific Med. and Sur. Journal* for September, 1867, a case of eclampsia treated by an ice-bag applied over the lower dorsal and upper lumbar vertebræ, in which the patient recovered. Prof. Reamy, in the *Ohio State Medical Transactions* for 1868, has compiled a paper of 32,630 cases of child-birth. Out of this number 94 had convulsions, of which

86 recovered. Dr. Robert Thomas reports the average frequency of convulsions in puerperal women to be about one in five hundred cases. Dr. Merriman met with five in 2,947, and Madame Lachapelle with sixty-seven in 38,000 cases.

In conclusion I would quote from Prof. T. G. Thomas' lectures on puerperal convulsions, delivered at the College of Physicians and Surgeons, New York, in January, 1868. He says: "Let me, with the hope of leaving a complete picture on your minds, place before you a synopsis of the treatment of puerperal convulsions.

"1. Bring the patient fully under the influence of chloroform.

"2. *If the indications demand it*, practice venesection.

"3. If labor has commenced, master it; if not, endeavor to avoid the necessity of inducing it; but if you cannot, do not hesitate too long about its accomplishment.

"4. Act freely on the bowels and skin; apply cold to the head, and give lemonade freely, if the patient can swallow.

"5. Bear in mind that the prolonged use of chloroform is not near so likely to kill as a return of the convulsions is."

MERIDEN, Conn.

PRACTICAL HINTS TO THE MEDICAL PROFESSION.

BY O. E. NEWTON, M. D.

THE infant should be reared with care, watching closely the incidental causes of diseased action. The period of dentition is liable to spasms and other difficulties. Very many children would be much benefited by lancing the gums—this to be done only in cases where is great irritation, threatening convulsions; but always take care not to cut the gum so early as to allow it to heal over, thereby requiring the tooth to cut through an eschar. Very many parents are premature in encouraging the child to walk, and in so doing frequently occasion a curvature of the spine, making the child bow-legged.

Vaccination should never be performed before the end of the first year, except there is exposure to small pox. The period up to the third year is in many respects a critical one,

and the child is very liable to measles, scarlet fever, chicken pox, whooping cough, &c., diseases that fully test the vital forces. The physician should put the parents on their guard against permitting an exposure to more than one of these at a time, very few children having vital energy sufficient to contend against any two of these diseases immediately following each other. Of course, no two of them appear on the patient simultaneously.

If the child attains twelve months between the months of November and April, order it to be weaned. If not twelve months old till the first of April, I permit it to be nursed through the hot months, unless the condition of the mother makes earlier weaning imperative. During the period that elapses after teething, the child's clothing should always be varied according to the changes of the weather, securing to it the advantages of exercise and pure air.

An important precaution against croup is assured if the child is always put to bed with dry warm feet and warm clothing, with the remedies for croup always upon the mantelpiece.

As an instance of the importance of this last precaution, I will relate the circumstances connected with the death of a little boy three years old, the child of a family where I had been the physician for a number of years. Late in the afternoon I had paid a professional visit there, during which the mother of this little boy stated that the croup medicine, which she had always been in the habit of keeping in the house, was used up. I suggested during the evening that it ought to be replaced, but it was not done. The child was put to bed at the usual time. The family retired about ten o'clock. Soon after falling asleep the mother was aroused by the shrill cough which indicated a violent attack of croup. I was summoned and reached the house at twelve o'clock. The child was dead.

The danger of permitting little children to eat indigestible food to excess is very great. It is liable to produce spasms and death. The mother or an intelligent nurse should direct the quantity and quality of all food taken by the child from the time it uses solid food. I was once called to visit a little girl six years old who had partaken of sweetmeats and candies

furnished by an older child. Immediately afterwards she ate heartily of hard-fried eggs. Very soon afterward violent convulsions supervened. A physician was called belonging to that class who do not believe in emetics or cathartics. He treated the case accordingly, permitting this unwholesome mess to remain undisturbed. When I was called the child had been in spasms forty-eight hours. There was now congestion of the brain, attended with a comatose condition, cold extremities, and the pulse was very feeble and wiry. By the use of the hot bath, a stimulant of brandy and tincture of prickly ash in hot water, cold applications to the head, counter-irritation of the spine, reaction was eventually established. After two weeks the little patient was discharged cured. That girl has since become one of the best teachers in our public schools.

In contradistinction to the treatment which this child first received, I will relate a case that I treated a short time afterwards. I was requested to go in great haste to visit a little girl in spasms, supposed to be dying. She was said to have been perfectly well an hour before. The messenger informed me that the girl and her playmates had been together at a little tea party. Suspecting the cause of the spasms to be indigestion, I carried with me a mixture of tincture of lobelia, syrup of squills, and syrup of ipecac. On reaching the house, I found all to be in the greatest apprehension. I learned that the little children had been permitted at their tea party to eat promiscuously food of their own choosing, uncooked beets, radishes, pickles, &c., in profuse quantities. I administered an emetic, and after it had acted the child left her mother's lap and walked around apparently as well as ever.

Very many parents, who are not advised to the contrary, place their child early at school, often as early as at the age of six or seven—a time far before the child's mind is sufficiently matured. Although the child may be precocious and learn rapidly, it generally does so at the expense of its future health. My rule, when consulted, has been to recommend that the child should not be sent to school earlier than the age of eight or nine. Yet the child can be taught much in a primary department, or at irregular intervals at home by its parents. Such attention does not

tax its vital capacity to the extent of injury. An equal number of children beginning at the age of nine to attend school with those of the age of six, the majority of those started at the age of nine, at the age of thirteen will have a clearer mind, besides having a stronger constitution, and will be further advanced in their studies.

The family physician, by pursuing his duty as medical adviser, should not fail to instruct the mother of her duty to inform her daughter of the changes that will occur at the age of puberty. Many daughters from the want of this information have lost their lives, while the constitutions of others have been rendered total wrecks by doing what ought not to have been done, and by neglecting to do what should have been understood. I could fill pages with cases where I have been consulted where five minutes' conversation by the mother to the daughter would have prevented the mischief in every case. Therefore, I would urge the proposition that the physician has not done his duty who would leave so important a part neglected. How humiliating such a reflection would be to the conscientious medical adviser, who had watched this child from the advent of its existence, to know that he had failed to give that finishing advice which would have crowned his work.

CINCINNATI, Ohio.

IMPORTANCE OF REPUTABLE WITNESSES.

BY JAMES L. REAT, M. D.

BOTH the medical and legal professions have produced many erudite disquisitions upon the subject of medical jurisprudence, yet the responsibilities of physicians appear to be vaguely defined in the minds of many individuals. Especially is this true of some of the *non*-professional, relative to the claims they have upon surgeons, however flippantly they may talk. This ignorance, together with the multiplied motives inciting men to action for *gain*, or to satisfy the captiousness of some splenetic, or the ambition of pragmatismal *quid nunc*, are generally the *true* causes of litigation, involving the standing, the capacity or scientific attainments of practitioners of medicine and surgery.

Illustration.—November 5th, 1868, I was called to see a man who had just been thrown from his wagon, dragged for quite a distance over rough ground, and when assistance reached him was found almost lifeless. Upon examination two transverse fractures of the radius of left fore-arm were found, and one fracture of the same character of the ulna, together with fracture of the eighth and ninth ribs, near the middle of the bones, and the heads of both luxated from their connections with the spinal column; also wounds of minor importance. I reduced the fractures of the arm and applied the ordinary splints and bandages. I then applied a broad roller tightly round the chest, hoping by such deligation to arrest respiratory movement of the ribs, and force outwards the heads of the two broken bones. In all of this I succeeded, notwithstanding the patient was asthmatic, had violent paroxysms of coughing, with distressing apnoea; removed the bandage from the chest upon several occasions in my absence, and otherwise disobeyed my directions. He retained me as his family physician for six months, examined his bill, expressed himself satisfied, and then removed to the country. Eight months afterward he promised to call and settle his bill "within one week." Eighteen months after the injury had been received I learned, for the *first time*, that there was dissatisfaction, and that he refused payment. I brought suit; the case was called, my lawyer made his statement to the jury. The defendant's attorney refused to state what defence they intended to make, but as the trial progressed the secret leaked out; and lo! they intended to prove that no bandage had been applied over the fractured ribs, and that the defendant was now laboring under "Pott's curvature of the spine" (antero-posterior) as a result of my failure to treat properly the fracture and dislocation of the ribs.

Suborned witnesses were present in the defendant's interest, to swear that there never had been a bandage placed over the chest, and that I refused to examine the patient's injury when my attention was called to it.

Two witnesses, who assisted me in reducing the fractures and applying the bandages, were examined; also, a third witness, who came into the room while I was securing the roller

around the thorax. My own statement was then taken, and other testimony was offered equally important, but here the defence gave way, ordered judgment to be rendered against them for amount of bill and costs, abandoned the case, and quickly retired in disorder—the attorney for the defence affirming that his client had deceived him.

The points in this case of interest to every medical man, as I conceive, are these:

Had my assistants been relatives of my patient, or had they not been men of acknowledged truth and veracity, the litigation would have been prolonged, an appeal taken from the inferior to the Superior Court, and the judicial decision, until finally reached, involved in much uncertainty.

Hence the importance of saving time, trouble and expense, by securing not only *valuable* but *trusty* assistants in *all* cases where there is even a remote contingency of a surgeon's skill being called in question.

TUSCALA, Ill., June, 1870.

PERISCOPE.

A New Antiperiodic.

DR. LORINSER, of Vienna, gives in the *Wiener Medizinische Wochenschrift*, for May 14th, the results of a number of observations made regarding the effect of a new remedy for intermittent fever. The remedy is the tincture of the leaves of the *Eucalyptus globulus*, a plant of the natural order *Myrtaceæ*. In 1869, Dr. Lorinser made some experiments, the results of which he published; but he was brought to a standstill by the want of a supply of the medicine. The plant has since been cultivated by Herr Lamatsch, an apothecary; and a sufficient quantity of tincture has been made from the leaves to supply a number of medical men in the districts of the Theiss and Danube, and in the Banat. The records of fifty-three cases of intermittent fever in which the eucalyptus was administered have been communicated to Dr. Lorinser; and he gives very brief outlines of each, with the following summary of the results obtained. Of the fifty-three patients, forty-three were completely cured; in five, there was relapse, in consequence of a failure of the supply of the tincture of eucalyptus, and quinine had to be employed; two of the cases were not true ague; in one case, neither the eucalyptus nor quinine cured; in one, the medicine (as well as

other remedies) was vomited ; and in one the patient would not allow the treatment to be continued. In eleven of the cases, quinine had been used without effect ; and nine of these were cured by the eucalyptus. There was return of the fever in ten cases, at intervals varying from one to four weeks ; in five of these quinine had to be used in consequence of their being no tincture of eucalyptus, and in the other five the eucalyptus was successfully employed. The tincture is said to be easily made, and to have a pleasant aromatic taste ; it acts favorably on the digestive organs. Dr. Lorinser believes that in it we have a valuable remedy for intermittent fever. It may be so ; but, considering the comparative failure of the substances which have hitherto been recommended as substitutes for chinchona and quinine, still more extended and careful observations will be necessary before recognizing the claims of the eucalyptus globulus to rank as an antiperiodic on which dependence can be placed. The districts which Dr. Lorinser has chosen for testing the effect of the remedy are, we believe, well fitted for the purpose—intermittent fever being very prevalent in them.—*Med. and Surg. Report.*

Preserving Organic Specimens.

Dr. J. G. HUNT exhibited to the Microscopical Section of the Academy of Natural Sciences of Philadelphia (*Proceedings*) "certain vegetable specimens mounted in carbolic acid solutions, which have kept remarkably well, and expressed his preference for these solutions in preserving vegetable tissues.

"Dr. Tyson stated that in the preservation of animal tissues he had found carbolic acid the most satisfactory medium, usually in the proportion of 1 part to 50, with the addition of glycerine sufficient to bring up the sp. gr. to 1028, about that of the fluid by which tissues are bathed in health. For tube casts, a proportion of about 1 to 100 was sufficient, and care must be taken not to add too great a bulk at the beginning, lest the albumen of albuminous urine be thrown down, and the specimen be thus ruined.

"Dr. Wood thought that the impression held by some, that creasote possessed preservative properties 6 or 7 times as great as those of carbolic acid, lay in the fact that much of the creasote of the shops is really impure carbolic acid, containing a certain proportion of *cresylic acid*, which may possess much greater preservative property.

"Dr. Lewis desired to know the experience of members with acetate of alumina.

"Drs. Wood and Hunt both found a precipitation of the salt to take place in the preparations mounted in it.

"Dr. Hunt said that for preserving entomological specimens solutions of chloride of zinc were better even than carbolic acid, and also said that successful preservation of delicate specimens of animal or vegetable nature was at best relative, and that even the most successfully preserved tissues soon exhibited changes which distinguished them from fresh specimens, though they might little impair their beauty or utility.

"Mr. Walmsly referred to some remarks he had some time ago made with regard to the preservative properties of glycerine jelly, which he still found useful, but not so generally so as carbolic acid solutions, on account of its transparency."

Belladonna in Constipation.

IN the first number of the *American Practitioner*, Prof. Armor contributed an article on this subject. F. B. Nunneley, M. D., of London, writing on the same topic, says he gave the belladonna according to the method of Trousseau—one-sixth to two-thirds of a grain, on rising, every morning—in a very large number of cases of constipation, simply to restore the natural action of the bowels, and not to cause a flow of secretion from the intestinal mucous membrane. On analyzing the cases of constipation, both recent and of long standing, it was found that the greater number were associated with dyspepsia, and especially with that form presenting more or less the characters of gastric irritation, in which the tongue was thinly furred, with prominent red papillæ at the tip, and in which there was tenderness at the epigastrium, pain (especially after food), and often more or less headache. Patients with these symptoms presented themselves with a history of inactive bowels for several months or years, often stating that they were obliged to take aperient pills, senna, castor oil, etc., once or twice a week, to produce an evacuation. The ages of those patients varied from twenty to sixty years of age, the majority lying between twenty-six and fifty. To these, belladonna was given for from one to three weeks. It nearly always caused an evacuation, usually of solid stools, after breakfast on the morning on which it had been taken. Generally, the bowels continued regular after the belladonna was discontinued, and sometimes headache was greatly mitigated. In one case the patient, a woman, aged forty-seven had had constipated bowels for twenty-six years, for which she had taken pills or castor oil once a week. Belladonna restored the natural daily action in fourteen days. In a few cases no permanent cure was

effected, but relief could be obtained by taking belladonna every second or third day; the dose had not to be augmented, and no increased constipation followed its use. In more recent cases the natural action of the bowels was restored in a few days; thus, a man had taken pills every other day for five weeks, but the bowels acted naturally after taking belladonna for six days. Treatment was especially directed to the dyspepsia in all cases, but no aperient except belladonna was given, and frequently not this, until the effect of regulated diet and habits and of general treatment had been observed. The remaining cases of constipation occurred in various diseases. Most often belladonna acted as an ordinary aperient when given in the manner before stated, and its use had not to be continued more than from one to three weeks to cure the constipation. Rarely, it produced no effect, even in doses of one-half to one grain, except causing dryness of the throat; such a failure occurred in the third stage of phthisis. Belladonna, in the usual dose of one-sixth to one-half grain, produced no dryness of the throat or dilatation of the pupil, but presented the following advantages over ordinary purgatives: It did not gripe, but gave usually a healthy solid stool; increased constipation did not follow its use; and it very often restored the natural action of the bowels, so as to render a recurrence to this or other aperients unnecessary. Another and important advantage is the small bulk in which the remedy can be given.—*American Practitioner*.

Temperature in Scarlatina.

DR. E. L. FOX, in some admirable clinical observations on the temperature of disease, says: "We must give a guarded prognosis in cases of scarlatina with very high temperature, but unfavorable cases are not always marked by extreme elevation of the mercury. Death will be ushered in by a high temperature if it occurs during the eruptive period of the disease, but even then the thermometer may fall just before the fatal event." He thinks that a high temperature will be found to precede death from complications, such as scarlatinal rheumatism, pneumonia, arachnitis, and nephritis, while a fatal termination dependent on septiæmia may be accompanied generally, but not always, by a lower temperature. The pulse bears little definite relation to the temperature in scarlatina. A rise of temperature often occurs during desquamation, but this is not always the case. Acute tubal nephritis, of which albuminuria and hæmaturia are the evidences, will cause a rise of temperature even to the maximum point of the original disease.—*Medical Times and Gazette*.

Oxaluria.

DR. H. S. THORNE, of Chicago, states that he has had excellent results in the management of this affection from permanganate of potash. He asserts that urea, uric acid, and oxalic acid are the same thing, though at a different stage of formation; that the uric acid and oxalate are the result of deficient oxidation; and to prevent the formation of uric acid and oxalic acid, that it is necessary to supply the lost equivalents of oxygen and water. This, he thinks, is most conveniently done by the permanganate of potash, which he gives in pills of one grain each, three times a day, or the same quantity dissolved in water. The medicine should be taken on an empty stomach.—*Michigan University Medical Journal.*

Functional Derangements of the Male Genital Organs.

At a recent meeting of the Harveian Society, Mr. W. F. Teevan read a paper under the above title, the conclusions in which are thus epitomized in the *Lancet*:

1. *Abnormal erections in children* might occur at the earliest age, and were caused by some local irritation, as very acid urine, gravel, calculus, worms, prolapse of rectum, or cutaneous eruptions. Children who were forced to lie much on their backs, as in hip joint disease, suffered from erections through the pressure of the urine on the most sensitive part of the bladder. A tight foreskin was a fertile cause of evil, and ought to be removed.
2. *Too frequent nocturnal emissions in young men* often caused much alarm; but the mental anxiety rather than the seminal loss was the cause of the depression. Drachm doses of the tincture of sesquichloride of iron would entirely check these emissions.
3. *Nocturnal emissions in married men* were of common occurrence, and arose from debility and irritation, the results of material excesses. Local applications of mild solutions of the nitrate of silver would be necessary to effect a cure.
4. *Seminal discharges during defecation* took place in most men at some period of their lives, or some prostatic fluid only might be pressed out. When, through indigestion, the semen became attenuated, or there was constipation, the powerful contractions of the levator ani would press out some fluid. Laxatives, &c., would cure these cases.
5. *Diurnal emissions* were of serious import, and might be occasioned through the slightest mental or physical excitement. Suppositories of camphor, belladonna

and opium, were of great use, but a solution of the nitrate of silver would have to be applied to the verumontanum. 6. *True lethargy of the sexual organs* was sometimes observed in powerful young men who had led continent lives, and generally manifested itself as loss of sexual desire. Phosphorus, ergot of rye, cantharides, and strychnia were indicated in these cases.—*Medical Gazette.*

Autopsy of Sir James Simpson.

THE following account of the autopsy of the late Sir James Simpson, by Dr. John Cheine, published in the *British Medical Journal*, will be of interest to all who revered (as who did not?) the great leader who is gone from our ranks:

“Sectio Cadaveris of the late Sir J. Y. Simpson, Bart., at 52 Queen street, Edinburgh, on Sunday, May 8th, 1870, at 2.30 P. M., forty-three hours after death. The *post mortem* examination was made by Dr. J. Bell Pettigrew and myself, in the presence of Drs. Andrew Wood, Warburton, Begbie and Moir, and Dr. Monroe, Sir James Simpson’s assistant. The following facts were ascertained: The body was well nourished. Decomposition was commencing in the neck and upper part of the chest. The dura mater was adherent to the skull-cap. There was subarachnoid effusion. After reflecting the scalp the following measurements of the skull were taken: Circumference round by occipital protuberance and below frontal eminences, $22\frac{1}{2}$ inches; from ear to ear, 13 inches; from occipital protuberance to point between supercilliary ridges, 13 inches. The weight of the entire brain (cerebrum and cerebellum) was 54 ounces; the weight of the cerebellum, the pons, the medulla oblongata, was $5\frac{1}{4}$ ounces. The convolutions of the cerebrum were remarkable for their number, depth and intricate foldings. This was noticed more particularly in the anterior lobes and the islands of Reil. The brain substance was congested, otherwise healthy. There were atheromatous deposits in the arteries at the base. The pericardium and anterior mediastinum were loaded with fat. The heart weighed $18\frac{1}{2}$ ounces; it contained no clot; it was enlarged, flacid and pale. Both ventricular cavities were enlarged. The muscular walls of the right ventricle in some places were almost entirely replaced by fat. The tricuspid and pulmonary valves were healthy. There was atheromatous deposit in the septal segment of the mitral valve. The aortic valve was competent; there was atheromatous deposit in one of the cusps and in the

aorta, which was somewhat enlarged. In the ventricular septum, close to the apex, there was an aneurismal sac, of the size of a pigeon's egg, communicating by a large opening with the cavity of the left ventricle; it was filled with firm, fibrinous coagulum, which projected into the ventricular cavity through the opening. The lungs, liver, kidneys and spleen were deeply congested, with indications in all of extravasation of blood (apoplexy).—*The Medical Gazette.*

Atropine Poisoning from Hypodermic Injection ; Scarlatina Rash.

HAVING had an attack of lumbago for ten days or a fortnight, I determined to try the effect of hypodermic injection, and got a medical friend to give me six minims of a solution of atropine, which I had frequently used in my own practice, containing one grain of the alkaloid to two drachms of water. From this I obtained very satisfactory relief for a day or two. The pain recurring, I again had recourse to my friend, who injected a dose of his own solution, containing a precisely equal quantity of atropine, which he had obtained from a different druggist. This was at about 9.30 in the evening of this day week. In less than five minutes I became aware that I had an overdose; my heart began to labor heavily, and to my feelings roughly, at the rate of about fifty per minute, accompanied by a sore feeling immediately over the base of the heart. This continued about ten minutes, and was immediately followed by intense thirst, dryness of the mouth and throat, with great perversion of sensation, everything tasting intensely acid. The skin of my whole body began to feel turgid and swollen, and, in about an hour and a half, was covered with a rash precisely similar to that of scarlet fever. There was also diplopia; during the evening I was completely unable to read the newspaper. Next morning there was power to read with one eye at once, and in the evening the disturbance in the vision had entirely gone, as well as all other signs of the action of the drug. My object in sending this account is twofold. First, to warn my professional brethren in the subcutaneous use of the alkaloids, lest, taking for granted that all samples are of similar strength, they may, when using a fresh supply of the drug, unwittingly produce symptoms of a much more disagreeable character than those above related; and, secondly, to give an instance of the peculiar rash occurring after the administration of belladonna or its active principle, a fact which, I believe, is disputed by some no mean authorities of the present day.—*Brit. Med. Journal.*—*Med. Gazette.*

REVIEWS AND BIOGRAPHICAL NOTICES.

A Practical Treatise on the Diseases of Children. By J. FORSYTH MEIGS, M. D., and WILLIAM PEPPER, M. D. Philadelphia: Lindsay & Blakiston.

THE great demand for Dr. Meigs' Treatise has led to the issue of a fourth edition, revised and much enlarged. The articles on Thrush, Convulsions, Chorea, Tracheotomy in Croup, and Parasitic Skin Diseases, have been extended; several others have been written over anew, and no less than seventeen have been added on Heart Disease, Cyanosis, Dysentery of the Cæcum, Intussusception, Atrophic Infantile Paralysis, Rheumatism, Diphtheria, Mumps, Typhoid Fever, etc. A copious index has also been prepared, doubling the value of the work. No pains are spared in making this a most valuable textbook for the study of the entire subject of infantile disease. It has grown to double its former dimensions, and is exhaustive upon every subject treated. It is a history in itself, and the collection of no physician is complete without a copy. To the practitioner extensively employed in young families it is indispensable.

Many of the statements will be new to practitioners; for, except a few, all are aware that diphtheria is older than the times of Hippocrates, and was described by Aretæus, in the second century, as *Ulcus Syriacum* and *Malaria Ægyptiacum*. Cholera infantum, which many suppose to be almost exclusively an American disease, is described under several names by European authors; but the designation is often improperly applied to other disorders not choleraic, but which would be more properly styled simple and inflammatory diarrhœa or enterocolitis. Tracheotomy in croup, a favorite resort of the late Dr. Trousseau, and also of Dr. A. Jacobi, of 34th street, in this city, is fully treated. We might refer to other subjects to an indefinite length, but it is hardly necessary. The work is too well known to require praise; it is too valuable to do without; and the authors have spared no pains in preparing the several proper subjects.

The publishers have also done their duty in the style of bringing out the volume.

Talks to my Patients: Hints on Getting Well and Keeping Well. By MRS. R. B. GLEASON, M. D. New York: Wood & Holbrook, Printers.

MRS. GLEASON has made the endeavor, successfully we think, to prepare a book which shall give, in plain language, needed information in relation to emergencies occurring in the daily lives of women. So well has she accomplished this purpose that few can read the little volume without acquiring valuable information; and the unlettered reader must be very illiterate if unable to understand it thoroughly.

The topics of which she treats are the following: Growing Girls, Menstruation, Amenorrhœa, Menorrhagia, Dysmenorrhœa, Prolapsus Uteri, Leucorrhœa, Pregnancy, Approaching Confinement, Delivery, After Delivery, Care of the Breasts After Confinement, Bathing of Babies, Dressing Infants, Nursing, Weaning, Feeding of Infants, Infantile Diseases, Diseases of Children, Children's Diet, Confidential to Mothers, Intentional Abortion, Accidental Abortion, Sterility, Nervous Derangements, Sleep, Indigestion, Constipation, Menopause.

It is a book which should be in every woman's hand. It teaches how a world of suffering may be avoided and mitigated; how to live morally, and to be pure, healthy and happy. Every reader will wish she had said more, instructing how to medicate and how to obviate the necessity of medicating.

A Practical and Systematic Treatise on Fractures and Dislocations. By A. JACKSON HOWE, M. D., Professor of Anatomy in the Eclectic Medical Institute of Cincinnati, Ohio. 1870.

THE subjects treated in this work are of great importance to the practitioner of medicine and surgery. Every medical man, whether he wishes to give attention to surgery or not, is compelled from the very nature of the circumstances surrounding him to examine and attend these difficulties. This being the case he must be prepared to discharge this duty. Both the patient and the public hold him responsible for any failures in treating what they may consider injuries of minor importance; although the well-educated surgeon knows that nothing is more difficult or will give him more trouble in many instances than fractures and dislocations. Every practitioner should be prepared to treat these difficulties as they may be, by a thorough understanding of the literature of the subject; and they always should inform their patient of the danger to be apprehended in nearly all cases of this kind.

From an examination of this work it is evident that this has been the great object in view by Prof. Howe. He addresses himself at once to the reader in a plain practical light, and in a way that cannot fail to interest. The book is prepared for practical purposes rather than for discussing disputed points of surgery.

We have only space in this number to call attention to a few points. One of the most important is the promulgation of the non-use of wet bandages or the use of lotions of any kind after the final dressing has been made. This has been our practice for many years, and we are glad that Dr. Howe so fully approves of it. His views in many respects are somewhat novel. Although they are very plain to the author, it will require study and experience to convince the practitioner of their correctness in many instances.

The first part treats of fractures, and is divided into twenty-seven chapters, of two hundred and forty-nine pages. The second part is on dislocations, and embraces sixteen chapters, of two hundred and fifty-one pages. Every practitioner should have a copy.

This work is issued by the enterprising publishing house of Charles F. Wilstach & Co., Cincinnati, Ohio, and is in their usual style.

Good Health: A POPULAR JOURNAL ON THE LAWS OF CORRECT LIVING.

THIS is one of the most valuable and instructive journals issued from the press. The second number of Vol. 2 is now out, and is in every respect equal to previous numbers.

This journal is issued monthly by the New England News Company, Boston, Mass. 48 pages. Price, \$2 yearly.

The New Eclectic.

THIS popular family magazine, published by Prof. John M. Scudder, of Cincinnati, completes its first volume of 384 pages in June, 1870. This is, as its name imports, Eclectic, and is what every family should have. Our profession are specially interested in this work, and should aid in every way possible to extend its already large circulation. The more liberalised the people become, the less willing they are to be governed by those peculiar medical dogmas which have so much injured the health of so large a proportion of the community, and rendered the necessity and the labor of eclecticism so much greater.

This work is in two volumes, yearly. \$2 for the whole year, or \$1 for any one volume.

EDITORIAL.

THE NEW VOLUME.

THE present number begins Volume VI of the AMERICAN ECLECTIC MEDICAL REVIEW. Its readers in the future, as in the past, may confidently rely upon a steadfast maintenance of the primitive doctrines of the New School of Medicine, and an outspoken advocacy of Reform. What it has been it will continue to be. The experience of former years will enable us the better to read the coming events of the future. The platform affirmed by the Constitution of the Eclectic Medical Society of the State of New York, and established by the concurring

declaration of medical reformers of the Eclectic School, has been uniformly and consistently upheld in these pages. Experience has sanctioned that platform, with all its prohibitions, as righteous, politic and scientific. The good sense of medical practitioners, as well of the Old School as of the New, and also of enlightened laymen, both in Europe and America, is leading to the same views and practice. Thus fortified and encouraged the conductors of the *REVIEW* propose to keep right on, without swerving or hesitation, conserving the wisdom but leaving behind the barbarisms of the past, and at the same time watching carefully for every scientific discovery and improvement which can enhance professional usefulness. Less than this would be recreancy to principle. If we go beyond we are likely to place ourselves beyond our proper field of action. We aspire to be broad and catholic in our range of thought, liberal in sentiment, candid with all that differ from us, bold and sagacious in innovation, fixed in conviction and resolute in purpose.

At the same time we propose to do all in our power to render the *REVIEW* indispensable to the intelligent practitioner. Original contributions, reports of cases and judicious selections will appear every month—preference always to be given to shorter articles. We propose, also, to give more attention to the department of reviews, and to show our readers, fairly as we are able, the spirit of the Medical Press.

While doing what is in our power to enhance the value of the *REVIEW*, we appeal to our friends and patrons to do their share. It costs money to publish, and our labors will be far more valuable to those of our readers who pay for them. We believe in liberally paying physicians, and also in as rigidly rendering like justice to publishers. To aid us in making a better journal, to benefit themselves morally and pecuniarily, we therefore appeal for subscriptions—for more of them—for renewals, and especially for prompt remittances.

A NATIONAL ECLECTIC MEDICAL ASSOCIATION.

For the last two years much has been said in all parts of the country upon the subject of a national organization, and every State eclectic medical society has declared in its favor, yet there has little or nothing been done to carry the matter into effect. No eclectic physician in this country is found who doubts the benefits that would re-

sult. The welfare of every new school practitioner in the land is intimately connected with this subject, and all should feel a deep interest in its success.

We have become strong and influential in every State; we have medical colleges well established; a medical literature commanding respect and support. A large number of the States have complete organizations. Every State in its legislative action is favorable to our practice. Multitudes enjoy through its agency the blessings of health. Every State, Town, and neighborhood throughout this country, are desiring reformed practitioners. Can any State society, any editor of any eclectic medical journal, any real, true friend of eclecticism, in any way hesitate in giving this subject all the influence he can command, in favor of a united effort to secure the successful organization of a national association?

We feel a deep interest in this matter, and nothing connected with our cause would give us greater pleasure than to see every State represented in such an organization. This can be realized if all will cooperate with hearty good will. As one of the oldest eclectic physicians, we can truly say it would be one of the most gratifying sights we have ever looked upon. We have no preference where the meeting is held, so that it is held, or who are its officers, only that they are made, and will act promptly and effectually in carrying on the glorious cause of reform medicine.

Since it has taken nearly fifty years to achieve the present status of eclectic medicine in America, we should neither despair or cease to work, even if it takes ten or twenty years to get all our practitioners into these State societies, and into a national society. Let eclectic physicians of every State not yet having formed a society, and where a State society does not appoint delegates, let them arrange among themselves to have at least six capable practitioners at the meeting. This should not be neglected. If this suggestion is carried out every State will be represented at the first meeting. There is not a State which cannot send that number, and we presume that all such delegates will be accredited, and be received with a hearty good will.

THE ECLECTIC LIFE INSURANCE COMPANY OF NEW YORK

ISSUED up to December 2, 18 policies, assuring \$4,259,200. No new company has ever done better. Mr. G. B. Satterlee, the new Presi-

dent, is a man of energy, industry and ability, and manifests every determination to enlarge further the field of operations and show at the next annual statement a still increased number of policies. G. de Macarty, the Vice-President, and late Secretary from the organization of the company, has given his entire time and energies to the company. Israel C. Pierson, the Actuary and Secretary, has been with the company from its first organization. His familiarity with its workings is a guarantee of success in his department. The whole agency system has been re-arranged and new features adopted, greatly facilitating business. No company has a more able, active, intelligent and industrious body of agents. The Board of Directors are men of the first standing, representing many millions of dollars. Every one who is insured in this company may feel confident that it is admirably and successfully managed.

Having been one of the original movers in the company, and a worker for its interest to the present time, we feel the greatest confidence in saying, to the medical profession specially, that it is in every respect a success.

This company is eclectic and liberal, employing as medical examiners graduates from all schools of medicine. In no instance can a physician be debarred from this position by being a graduate or practitioner of any special college of medicine. The company is eclectic in every feature of its workings; hence, the success with which it has been attended.

TREATMENT OF CANCER.

THE successful treatment of cancer has long been a matter of anxious consideration. Surgeons have endeavored to arrest the malignant disease, by caustics and operations with the knife, again and again to be baffled. Yet, upon the hypothesis that it is a disease of the blood, a constitutional disease, it is not easy to perceive how success could be expected by any cutting away of diseased parts, or destroying them with external remedies.

The observations which we have made confirm the belief that cancer is essentially of a fungoid if not of a parasitical character, and not essentially a disease of the entire system till it has acquired a growth too extensive to be arrested. When scirrhus has sent forth its spores

into the blood, and diffused them over the body, it becomes incurable ; but, up to that time, it can be treated successfully by the surgeon.

Agents that will disorganize and "kill" the parasite or fungoid substances are all that is required. There are several of these—such as the salts of zinc, potassa pura, acetic, sulphuric, nitric and carbolic acids, rhusin, and perhaps baptisia and phytolacca. There are many more remedies which are effectual, but they require the utmost discretion and sagacity in their use.

The New York Hospital for the Treatment of Cancer and other Surgical Diseases was organized about two years since, for the purpose of providing them with the benefits of these discoveries. Already has there been success adequate to justify the undertaking, and there is no doubt that in time it will become one of the most important institutions of this city. But few patients have been discharged who have not been relieved ; and those treated for other complaints requiring surgical care have had their hopes and expectations realized.

There are no secret or superficial remedies employed, and all is open and above board ; all that is offered is scientific treatment, judiciously and conscientiously applied.

THE BROOKLYN ECLECTIC MEDICAL DISPENSARY.

THIS charity, which was organized under the auspices of the Brooklyn Academy of Eclectic Medicine, has proved a success beyond the most sanguine expectations of its friends and incorporators. The superiority of the Eclectic system of practice has been, through its workings, happily demonstrated. The Board of Trustees have been indefatigable in their efforts in furnishing necessary supplies for the increasing demand upon this charity. The attending physicians and surgeons are supplied from the Brooklyn Academy of Eclectic Medicine, and are duly appointed by the Board of Trustees.

The following is the report of the House Surgeon :

During the year ending April 30, 1870, 11,251 patients received treatment, 25,220 prescriptions were dispensed, and 514 gratuitous visits made.

From May to July, 1869, 573 patients received treatment. In July 611 patients were treated. In August, 916 ; September, 832 ; October, 877 ; November, 1,143 ; December, 1,160 ; January, 1870, 1,228 ; February, 1,211 ; March, 1,347 ; April, 1,353.

The different diseases are classified as follows :

Diseases of the digestive system, 2,154 ; of the respiratory system, 1,947 ; of the nervous system, 972 ; of females, 684 ; of children, 522 ; cutaneous diseases, 1,333 ; venereal, 189 ; urinary, 261 ; surgical, 977 ; dental, 465 ; eye and ear, 204 ; heart, 171 ; rheumatism, 537 ; intermittent fever, 176 ; debility, 199 ; obstetrics, 9 ; vaccination, 441. Total, 11,251.

Average number of patients treated per day, 38 ; of prescriptions dispensed per day, 83. Largest attendance per day, 120.

L. B. FIRTH,
House Surgeon.

The Board of Trustees of this Dispensary are as follows :

JOSHUA P. POWERS, *President.*

A. N. COLE, *Vice-President.*

HORATIO E. FIRTH, M. D., *Secretary.*

DENNIS E. SMITH, M. D., *Treasurer.*

JNO. H. McCORMICK,

WM. W. HADLEY, M. D.,

CHAS. W. GODARD,

WM. B. WARNER, M. D.,

JNO. G. AUTEN,

JNO. Q. MAYNARD,

FRANK W. TABER,

J. Y. TUTHILL, M. D.,

HENRY S. FIRTH, M. D.

The Attending Physicians are :

DENNIS E. SMITH,

WM. B. WARNER,

J. T. TUTHILL,

J. E. DANIELSON,

F. MYERS,

L. A. SMITH,

HORATIO E. FIRTH,

JNO. HORTON,

H. C. COOPER,

L. B. IRISH,

J. L. CALAHAN,

GEO. BATTLESON.

PROF. E. FREEMAN,

H. S. FIRTH,

L. B. FIRTH, *House Surgeon.*

} *Consulting Surgeons.*

This Dispensary is chartered by the State, and receives the same appropriations as other Dispensaries.]

NEW YORK STATE CHARITY APPROPRIATIONS FOR 1870.

THE Charity Appropriation Act of 1870 made the following appropriations for institutions conducted by Medical Reformers: The

Eclectic Medical Dispensary of the City of New York, \$2,500; the New York Dispensary for the Treatment of Cancer and other Surgical Diseases, \$1,000; The Women's Medical College, \$10,000; the New York Ophthalmic Hospital, \$2,500; Fullgraff's Bond street Homœopathic Dispensary, \$1,500; Fullgraff's Branch Homœopathic Dispensary, \$1,000; New York Homœopathic Dispensary \$2,000; Western Homœopathic Dispensary, \$1,500; Northeastern Homœopathic Medical and Surgical Dispensary, \$3,000; Brooklyn Homœopathic Dispensary, \$500; Metropolitan Homœopathic Dispensary, \$200; Morrisania Homœopathic Dispensary (?) \$500; Homœopathic Hospital, \$20,000.

At the instance of Senators Pierce and Murphy there was also included in this bill an appropriation of \$500 for the Eclectic Medical Dispensary of Brooklyn, and it was stated that the Assembly had concurred in the same, but it does not appear in the official copy which received the sanction of the Governor.

ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.

At the annual meeting of the Board of Trustees of this College, held on the 18th of May, 1870, the following appointments were made for the coming year:

Emeritus Prof. and Lecturer on the Institutes of Medicine—Joseph R. Buchanan, M. D.

Emeritus Prof. of Natural Sciences—John F. Boynton, A. M., M. D.

Prof. of Clinical Medicine and Surgery—Robert S. Newton, M. D.

Prof. of Theory and Practice of Medicine—Paul W. Allen, M. D.

Prof. of Materia Medica and Therapeutics—R. G. Barham, M. D.

Prof. of Obstetrics and Diseases of Women and Children—James M. Comins, M. D.

Prof. of Descriptive and Surgical Anatomy—Sanford Bell, M. D.

Prof. of Operative Surgery and Surgical Diseases—Edwin Freeman, M. D.

Prof. of Physiology and Pathology—J. M. F. Browne, M. D., LL. D.

Prof. of Chemistry—J. Milton Sanders, M. D., LL. D.

Prof. of Pharmacy—Henry S. Sanders, M. D.

Prof. of Medical Jurisprudence—Frank Tabor, A. M.

Demonstrator and Adjunct Prof. of Anatomy—John H. Fitch, M. D.

ANNUAL MEETING OF THE ACADEMY OF ECLECTIC MEDICINE.

THE annual meeting of the Brooklyn Academy of Eclectic Medicine took place at the Hall of the Young Men's Christian Association. After the transaction of preliminary business Dr. H. E. Firth delivered an oration on the "Growth, Material and Scientific Progress of the United States." At the close the members of the Academy, invited guests and ladies, partook of a collation at Grenada Hall. Addresses followed from Rev. Mr. Platt, Alderman Whiting, Dr. Wilder, Frank Taber, Dr. Allen, of New York; H. L. Stewart, C. P. Sykes, Dr. Tuthill, of Poughkeepsie, and others, setting forth the excellencies of the law, divinity, eclectic medicine, etc. Dr. H. S. Firth, of Williamsburg, the President, made the closing remarks and dismissed the company.

ROUND HILL WATER CURE.

WE would call the attention of our readers to the fact that this beautiful retreat for invalids, and others seeking health and pleasure, has been opened upon eclectic principles by Dr. R. P. Backus. Its beautiful scenery and delightful surroundings have long rendered it an attractive and pleasant resort.

Every physician occasionally has under his care chronic cases, which prove obstinate and intractable to ordinary treatment. An entire change of scene and associations is sometimes required to break up the chain of morbid sympathies. We know of no place which combines so many of the requisite conditions of health and enjoyment as the Round Hill Water Cure. Its delightful landscape views, pure mountain spring water, fine carriage drives and extensive forest parks, render it a charming retreat, both for the pleasure seeker and the invalid. Under the management of Dr. R. P. Backus, whose experience and success in the treatment of chronic diseases has given him an extended reputation, it has been necessary to enlarge the hitherto spacious buildings of the Institute, to accommodate the large number of patients who yearly visit it from all parts of the Union. In addition to this the whole establishment has been undergoing the most thorough repairs, embracing all the modern improvements, making it one of the most extensive and complete Water Cures in the country.

NEWS AND MISCELLANY.

SEMI-ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF THE
STATE OF NEW YORK.

THE Society convened in semi-annual session at Washington Hall, City of Rochester, June 15th, 1870. In the absence of the President Dr. Ward was called to the chair.

The roll was called by the Secretary, Dr. Morrow, about thirty members responding.

The minutes of the last annual meeting were read and approved.

The names of the following candidates for membership were then submitted to the Board of Censors :

Dr. James Tyler, of Parma; Dr. D. H. Foster, Southburgh; Byron Preston, M. D., Rochester; Dr. Charles Caine, of Pittsfield; Wm. Bell, M. D., of Honeoye; and John B. Herion, M. D., of Rochester.

There not being a quorum of the Board of Censors Dr. M. M. Fenner was added to the number.

Owing to the indisposition of Dr. Ward, Dr. Lyman Stanton, of Copenhagen, was called to the chair.

An essay on Epilepsy was then presented by Dr. M. M. Fenner. Quite an interesting discussion ensued, which was participated in by Drs. Davis, Comins, Totman, Allen, Stanton and Dolly. Electricity, in conjunction with the Bromides and Gelseminum was the treatment most in favor.

An essay from Dr. J. G. Fross, of Syracuse, was presented by Dr. J. Arnold.

On motion, the Society adjourned to 8 o'clock P. M.

At the appointed hour the Society convened to listen to the semi-annual address from Dr. J. M. Comins, of New York : Subject, "Man and Nature."

The address was able and scholarly, and listened to with the closest attention.

On motion of Dr. Davis a vote of thanks was tendered the speaker for his interesting address.

The subject of Asthma was then discussed at some length by Drs. Allen, Comins, Totman, Stanton, Hurlbert, Davis, Arnold, Fenner.

On motion, the Society adjourned until nine o'clock Thursday morning.

THURSDAY—SECOND DAY.

The Society convened pursuant to adjournment, Dr. L. Stanton in the chair. Dr. Allen spoke further on the subject of Asthma, mentioning other causes by which it might be produced. Dr. O. Davis presented two lengthy and valuable papers on the subjects, respectively, of "Invalid Experiences" and "Capillary Functions."

A lengthy report of the Committee on Surgery was submitted by the chairman, Dr. M. M. Fenner. The report of the Committee on Obstetrics, of which Dr. H. E. Firth was chairman, in the absence of Dr. Firth was submitted by title.

Dr. Allen presented the report of the Committee on Medical Instruction and Eclectic Medical Institutions. He set forth at length the present status of the institutions, and asked for their continued and increased support.

Dr. C. S. Totman spoke on the subject of medical instruction. He understood that a certain college in Philadelphia, chartered by the State of Pennsylvania, was in the habit of selling its diplomas to any man who might pay its price. If this was so, we ought to sever all connection with such college, and not recognize in any sense its diplomas. We should encourage and insist upon all students attending the prescribed course of lectures and taking honorable diplomas from respectable colleges. Physicians are not sufficiently alive to the importance of inducing properly qualified young men to read medicine. He had practiced medicine thirty-four years, and had had one or more students at least three fourths of the time. Now he could point to many prominent and valued practitioners whom he had induced to enter the profession. We must sustain our colleges and look out for our successors.

Dr. Comins spoke somewhat at length on the same subject. He referred to the law introduced in the last legislature to regulate the practice of medicine. It required all physicians to have diplomas from respectable medical colleges. It was defeated, but it would probably become a law next winter. He hoped it would, and advised physicians who were not prepared for it to set themselves in order. Physicians should be habitual students, and keep themselves familiar, not only with practising medicine and surgery but also with their technicalities.

Dr. Preston thought men of good standing in their communities ought to be recognized, even though they had no diploma.

Dr. Davis would encourage education and a high standard of professional attainment. We should have valuable, scientific and scholarly papers presented at our societies. He alluded in terms of praise to several of the physicians who had presented lengthy and valuable papers at this meeting. We wanted more of the closely thought and carefully prepared productions.

Dr. P. A. Morrow presented a preamble and resolutions concerning members of the Society connected with the Philadelphia College charged with selling its diplomas to those not qualified to receive them. They proposed the appointment of a committee of five to investigate such charges and report at the annual meeting in January next. Adopted.

The following are the names of such committee: C. S. Totman, M. D., Syracuse; M. M. Fenner, M. D., Fredonia; O. Davis,

M. D., Attica; Wm. Archer, M. D., New York; D. E. Smith, M. D., Brooklyn.

Dr. M. M. Fenner presented the Society with an elegant bouquet of rare and beautiful flowers, tastefully arranged, with the compliments of Mrs. Col. Rufus Haywood, of Fredonia. A vote of the thanks of the Society was tendered the donor.

Dr. J. M. Comins, of New York, took the chair and the Board of Censors made their report, whereupon the following named physicians were elected members of the Society, signed the constitution and paid their initiation fees: Drs. James Tyler, A. H. Foster, Byron Preston, Wm. Bell.

Dr. Allen reported resolutions of respect to the memory of the late lamented Prof. W. W. Hadley, M. D., which were unanimously adopted.

Dr. P. A. Morrow offered his resignation as Secretary, owing to an affection of his eyes. It was accepted, and Dr. J. M. Comins was elected to the vacancy. On motion of Dr. Fenner a vote of thanks was tendered to Dr. Morrow for the efficient manner in which he had discharged the duties of his office.

Delegates were appointed to the National Eclectic Medical Association, to be held in Chicago in September next.

The Society then adjourned to the Osborn House for dinner, at 2 P. M. A sumptuous repast was served up by Messrs. Bromley & Co., the gentlemanly and ever attentive proprietors of the house.

A vote of thanks was tendered the *Chronicle* for kindly publishing the proceedings of the meeting, and the Convention adjourned to the annual meeting at Albany in January, 1871.

ANNUAL MEETING OF THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

THE tenth annual meeting of the Massachusetts Eclectic Medical Society was held at the Revere House, Boston, June 2d and 3d. The President, in some remarks, congratulated the Society on its steady growth during the ten years of its existence.

An essay was read by Dr. M. Green, of Boston, on "Anæsthetics in Natural and Instrumental Labor," giving a general historical statement of the use of anæsthetics in cases of labor.

Officers for the ensuing year were elected, as follows:

President—Dr. C. E. Miles, of Boston.

Vice-President—Dr. H. H. Brigham, of Fitchburg.

Corresponding Secretary—Dr. H. G. Newton.

Recording Secretary—Dr. M. Green.

Treasurer—W. E. Wright.

Librarian—Dr. Joseph Jackson.

Councillors—Drs. W. E. Underwood, C. H. Wheeler, H. H. West, John Stowe, William Young.

The report of the Committee on Location stated that there were demands for fifty practitioners of the Eclectic School, twenty-five of whom could find practice in this city.

A short essay on the subject of Chemistry was read by Dr. A. Jewett, Jr., also one on the subject of Hydrocephalus, by Dr. H. H. Brigham. Remarks on the subject of the latter essay were made by Drs. Geddes, Brickett and Miles. Dr. Miles offered some extemporaneous remarks on the subject of "The Use of the Body Thermometer as a means of Diagnosis and Prognosis in Pulmonary Disease.

Dr. Geddes was called upon for remarks upon the use of *Veratrum Viride*, and gave some interesting suggestions. Dr. Brigham and Dr. Day, of New York, followed with remarks upon the same.

Dr. Geddes then read an elaborate essay on "Hints on the Treatment of Dyspepsia and Phthisis."

Dr. Andrews followed with an able essay on "Inflammation," giving the contending theories on the subject and the views of the essayist.

Dr. Perkins, of Boston, presented appropriate resolutions on the death of Dr. Underwood, of Boston, which were passed, to be placed on the records and a copy transmitted to the family of the deceased.

Similar resolutions on the death of Dr. Bates were also passed.

Dr. John Stowe, of Lawrence, presented and explained a new application for dressing fractures of the lower jaw.

The invention of Dr. Stowe was highly commended by the Society. Dr. Stowe also exhibited a new dressing for fracture of the collar bone, which was considered a great improvement on other dressings.

The matter of the National Medical Eclectic Convention delegates, etc., was referred to the Executive Committee.

The annual address was then delivered by Dr. John Stowe, of Lawrence.

The annual dinner, a sumptuous affair, was then discussed.

A poem was read by Dr. Darling, of Boston, and numerous speeches were made in reply to toasts. The two days' session was replete with interest and the attendance large.

The next semi-annual meeting will be held in Boston, January 11th, 1871.

The next annual meeting will be held in Boston, June 1st and 2d, 1871.

MILBERY GREEN, *Secretary*.

Boston, June 10, 1871.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF CONNECTICUT.

THE Eclectic Medical Society of the State of Connecticut held its annual meeting at Loomis' Hall, in the City of New Haven, on Tues-

day, the 7th June, A. D. 1870. The following officers were elected for the ensuing year :

President—Dr. C. C. Clark, Middletown.

Vice-President—Dr. C. H. S. Davis, Meriden.

Recording and Corresponding Secretary—Dr. G. N. Langdon, New Haven.

Treasurer—Dr. J. H. Robinson, New Haven.

Censors—Drs. J. W. Johnson, Hartford; H. Ingersoll Fisk, New London; S. B. Munn, Waterbury.

The death of Dr. Timothy F. Davis was announced and resolutions adopted of respect to his memory.

A communication was received from the Committee of the Eclectic Medical Society of the State of New York on the subject of a National Convention, to be held on the 27th, 28th and 29th days of September. The following delegates were accordingly appointed :

Drs. J. W. Johnson, Hartford; S. B. Munn, Waterbury; G. N. Langdon, M. F. Linquist, New Haven; C. S. H. Davis, Meriden; C. C. Clark, Middletown; Drs. H. I. Fisk, New London; J. H. Robinson, New Haven; C. E. Colley, Hartford; Rufus K. Mills, Hartford; M. D. Hodgkins, Rocky Hill; S. A. Castle, Wethersfield.

The following committees were appointed :

On New Remedies—Drs. J. W. Johnson and S. A. Smith.

On Obstetrics—Drs. J. H. Robinson and C. E. Colley.

On Surgery—Drs. M. F. Linquist and S. B. Munn.

It was voted to hold the semi-annual meeting at Waterbury, on the 8th of November.

In the evening a session was held, at which reports of cases of peculiar interest were made by Drs. Langdon, Fisk, Linquist, Munn, Clark and Hodgkins.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF VERMONT.

The Vermont State Eclectic Medical Society held its fifth annual meeting at the State House in Montpelier on Wednesday, the 1st day of June. Dr. W. S. Johnson, of Milton, presided. The meeting was well attended. The following officers were elected for the ensuing year :

President—W. S. Johnson, M. D., of Milton.

Vice-Presidents—George C. Washburn, M. D., of East Hardwick; L. A. Noyes, M. D., of Randolph; H. E. Templeton, M. D., of East Montpelier.

Recording Secretary—Albert Dodge, M. D., of Chelsea.

Corresponding Secretary—Henry Bickford, M. D., of East Burke.

Censors—G. K. Bagley, M. D., of Chelsea; James Templeton, M. D., of East Montpelier; A. G. Brush, M. D., of Fairfax; W. D.

Waller, M. D., of Fayetteville; Norman Webster, M. D., of Guilford.

The remainder of the session was devoted to reports and discussions of cases. Several essays were read, after which the Society adjourned, to meet at Montpelier on the 1st Wednesday of June, 1871.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF IOWA.

THE Iowa State Eclectic Medical Society held its third annual meeting at Des Moines, on the 23d day of February, 1870. The meeting was well attended and an excellent state of feeling prevailed.

The discussions evinced that the new school of medicine was very popular in Iowa, and a hundred new physicians could find employment.

The following officers were elected for the year :

President—J. R. Duncan, M. D., Knoxville.

Vice-President—J. B. Foster, M. D., Iowa City.

Secretary—A. H. Gridley, M. D., New Providence.

Treasurer—A. M. Overman, M. D., Des Moines.

Addresses were delivered by Dr. Moleworthe, President of the Society, and also by Dr. Duncan, the president elect.

The Society adjourned to meet at Alumbaan the 31st of May, 1871.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF INDIANA.—The Eclectic Medical Association of the State of Indiana held its sixth annual meeting in the Senate Chamber at Indianapolis, on Tuesday and Wednesday, the 7th and 8th of June. Dr. E. P. Jones, Vice-President, occupied the chair. The attendance was not large. The by-laws were amended so as to reduce the fee for membership to \$2. Addresses were delivered by Dr. J. M. Scudder, of Cincinnati; Dr. Milton Jay, of the Bennett Medical College; Dr. G. W. Shepherd, of Dansville, New York, and others. On Wednesday the following officers were elected :

President—Dr. L. Abbett, of Indianapolis.

First Vice-President—Dr. D. H. Prunk, of Indianapolis.

Second Vice-President—Dr. L. Frazee, of Perryville.

Recording Secretary—Dr. J. F. Ridgeway, of Indianapolis.

Corresponding Secretary—Dr. H. Long, of Shelbyville.

Treasurer—Dr. W. H. Kendrick, of Indianapolis.

Board of Censors—Dr. J. Van Dewalker, of Lafayette; Dr. John Kennedy, of Paragon; Dr. E. P. Jones, of Jonesboro; Dr. J. S. Cowdery, of Lafayette; Dr. S. O. McCann, of Indianapolis.

Doctor H. S. Garrison, of the Bennett Medical College, called attention to the fact that a National Convention of Eclectic Physicians will meet at Chicago, representing ten thousand practitioners. He also urged the necessity and importance of a National Pharmacopœia.

The following delegates were appointed to attend the National Convention : Dr. W. H. Kendrick, of Indianapolis ; Dr. J. M. Youart, of Indianapolis ; Dr. G. W. Pickerill of Indianapolis ; Dr. L. Abbett, of Indianapolis ; Dr. J. G. Van Dewalker, of Lafayette ; Dr. E. P. Jones, of Jonesboro' ; Dr. Milton Day, of Chicago, at large.

Dr. G. W. Pickerill, presented articles of incorporation of the Association, which were adopted. The Association, therefore, like the State Society of New York and other States, is now a chartered body.

Papers were read as follows : Dr. Milton Day upon "Dislocations," Dr. G. W. Pickerill upon "Strumous Diseases."

The following resolution, offered by Dr. Garrison of Chicago, was adopted :

"*Resolved*, That we solicit the legislative bodies of this State to enact such laws as will thereafter prevent persons not graduates of regularly chartered medical colleges, or members of State or country associations, from engaging in the practice of medicine, surgery or obstetrics for compensation."

Dr. Clark, of Bennett Medical College, was appointed to deliver the annual address for the next year, and the Association adjourned, to meet at Indianapolis on the first Monday of June, 1871, in the afternoon.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY—THIRTY-SECOND SENATORIAL DISTRICT.—The Eclectic Medical Society of the Thirty-second Senatorial District of the State of New York held its quarterly meeting at Jamestown, Chataqua County, on the 18th of May. Dr. C. C. Johnson, of Gowanda, the President, occupied the chair.

Papers were presented on Epilepsy by Dr. M. M. Fenner, of Fredonia ; on Strychnia by Dr. O. H. Simons, of Jamestown ; and on Alimentation by Dr. M. C. Belknap.

The following delegates were appointed to attend the State Eclectic Medical Society at Rochester, June 1st : Dr. G. W. Carpenter, Forestville ; Dr. O. H. Simons, Jamestown ; Dr. C. C. Johnson, Gowanda ; Dr. M. M. Fenner, Fredonia.

Appointments on special reports for next meeting : Cholera Infantum, Dr. N. F. Marsh ; Spermatorrhœa, Dr. J. B. Chase ; Chorea, Dr. H. C. Taylor ; Dysmenorrhœa, Dr. A. P. Parsons ; Diarrhœa, Dr. M. C. Belknap. Essayists : Drs. A. P. Phillips, Phineas Sage, J. A. Salisbury, A. B. Brooks, M. M. Fenner, G. W. Carpenter, Jas. Fenner and O. H. Simons.

The Society adjourned, to meet at Fredonia on the first Wednesday in September next.

LOSS OF SPEECH AFTER CHLOROFORMIZATION.—A servant girl, says the *Allg. Med. Centr. Zeit.*, for the sake of the extraction of a tooth, inhaled chloroform for a very short time. On awaking she had lost the power of speech, could not utter any sound whatever, and re-

mained in that state for five weeks, in spite of various remedies, especially electricity. After this time she began to speak in a low tone, and was put under appropriate treatment. It is supposed that she suffered during anaesthesia from rupture of some cerebral vessel. She had never been hysterical.—*Lancet*.

SWALLOWING OF INDIGESTIBLE SUBSTANCES.—Sir William Ferguson calls attention to the case of a sailor, aged twenty-three, who was in Guy's Hospital in 1853, and who, in the course of ten years, swallowed at different times at least thirty-five knives. Some of these, or eroded portions, were occasionally vomited or passed per anum. He finally died from exhaustion, and, on opening his body, forty different pieces of blades and handles were found in the abdomen.—*Medical Record*.

HYSTERICAL RETENTION OF URINE.—Mr. J. Waring Curran (*Medical Press and Circular*) has found retention of urine in hysterical young women to be relieved by having them suddenly plunge the hands in very cold water. They call out lustily for the urinary apparatus, and pass large quantities of the so-called hysterical urine. The procedure thus obviates the objectionable resort to the catheter. Nearly every one must have experienced the desire to urinate after thrusting the hands or other parts of the body into cold water.

OINTMENT FOR ALOPECIA.—Professor Hardy (*European Medical News*) generally uses the following ointment for alopecia, in chlorotic anemic individuals, or those convalescing after severe illness: Purified ox marrow, 20 parts; castor oil, 10 parts; gallic acid, 1 part; and tincture of rosemary, 1 part. Dr. Caffi recommends frictions with castor oil and rum in equal parts. Of course constitutional treatment must not be neglected.

A NEW USE FOR THE HYPODERMIC SYRINGE.—Dr. Deulafoy has presented to the Imperial Academy of Medicine (*Cincinnati Lancet*) a modification of the hypodermic syringe, which he terms the subcutaneous aspirator. It consists of an ordinary glass hypodermic syringe, having a second tube attached to it at right angles to the first, very much after the manner of a stomach pump. Each tube is provided with a stop-cock. The design of the instrument is to assist in the diagnosis of tumors, abscesses and cysts; to discharge abscesses or remove serous accumulations in the joints; to inject medicated fluids, etc., without the possibility of injury resulting from the contact or admission of air.

NEW OPHTHALMOSCOPE.—Dr. Poncet, of Strasbourg, describes and depicts, in No. 17 of the *Gazette Médicale de Strasbourg*, what he calls his ophthalmoscope à chambre noire, or what we might call a camera ophthalmoscope, intended for the use of those who have not at hand the conveniences of a darkened room. It consists of a copper box composed of two cylinders superposed, one short and broad, and the other longer and narrower. Two covers close them above and below. The lower cylinder has a groove exteriorly, by means of which can be

attached a sort of hood of black silk, to be applied to the orbit. It is impossible to give a correct idea of this instrument without an illustration, and we therefore refer those interested to the original article.

TOBACCO IN ENGLAND.—The *British Medical Journal* says: "In spite of the loud outcry against smoking, made with so much energy a few years ago, and in spite also of the alarming facts which ophthalmic surgeons have recently offered us, the consumption of tobacco does not decrease. The returns show that, during the year just ended, the British population consumed tobacco at the rate of one pound and a third per head. During the last three years there has been each year a slight increase. The quantity used in 1867 was 41,048,000 lbs.; in 1868, 41,280,000 lbs.; and in 1869 it had risen to 41,719,000 lbs. The increase is probably not greater than the increase in population will explain. As regards the deleterious influence of the habit, we should like the attention of those who are investigating it to be directed to the differences in the kind of tobacco used. There appears good reason to believe that some kinds are much more injurious than others, and that the shag—the favorite of the English bar room, and perhaps of English working men in general—is the very worst. It is chiefly in reference to disorders of the nervous system—including, of course, all forms of nerve amaurosis and nerve deafness—that the problem must be worked out. Unless far greater evils can be proved against tobacco than any scientific evidence has yet hinted at, there is probably little reason to expect that the health argument can even weigh as a feather against the attractiveness of the habit."

VACCINATION IN THE ITALIAN ARMY.—Dr. Baroffio, in his report on vaccination in the Italian army in 1868, reports that the number vaccinated was about 57,000. The good effects of vaccination and revaccination are constantly becoming more apparent. The mortality from small-pox in the Sardinian army, which formerly was nearly 7 per cent., in 1863 had fallen to 4 per cent., and in 1868 was little more than $3\frac{1}{2}$. Dr. Baroffio expresses a favorable opinion of the plan of taking the lymph from healthy and strong infants and then transmitting it from arm to arm among the soldiers.—*Brit. Med. Jour.*

THE OXY-HYDROGEN BLOWPIPE is to be the burglar's tool of the future, with which the lock of the strongest safe can be fused out in a few minutes, the gases being conveniently transported in the compressed state in iron cylinders.—*Chemical News.*

SMALL-POX IN RUSSIA.—In Russia vaccination is not compulsory. According to official returns, 10,350,000 persons have died of small-pox in that country during the last seventy years. What say our friends of the Anti-vaccination League to this?—*Lancet.*

MEDICAL EDUCATION.—In his Inaugural Letters to the course of Pathological Anatomy in King's College, Professor Lionel S. Beale

thus sums up the essentials of reform in medical education: "Good general examinations year after year during the period of studentship, conducted by examiners appointed for limited periods, whose knowledge has been acquired within a quarter of a century of the period when they examine, is really all that seems to be required. If this were established, all registration formalities and compulsory attendance might be swept away, for the student would soon find out for himself how he could most efficiently study the various subjects of which he would be compelled to show that he possessed a competent knowledge."

SEVENTEEN female students are entered for the London University examinations.

SMALL-POX IN PARIS.—The number of deaths in Paris from small-pox is daily increasing. From the 17th to the 23d April there were 132 deaths, and 166 from the 24th to the 30th. These results are surprising, in view of the great number of revaccinations which have taken place within four or five months past; the documents presented to the Academy by M. Vernois would lead one to impute the numerous cases of unsuccessful revaccination to vaccine taken from the animal, and to find in this fact the principal reason for the growing increase of the actual epidemic. It is therefore more urgent than ever to return to the vaccine of Jenner.—*Lyons Medical*.

NEW TEST FOR ALBUMEN.—Chas. Meymott Tidy, M. B., proposes in the *Lancet* the following very delicate test for albumen:

"Add to the liquid to be examined in the test tube ten minims of alcohol (I employ it with a specific gravity of 0.805); shake thoroughly, *but gently*, so as to avoid the production of froth. Then drop in the same quantity of carbolic acid and shake very thoroughly. Allow it to stand for a minute, and if the least trace of albumen is present distinct flocculi will be seen floating in the liquid. The alcohol and carbolic acid may be kept mixed, although I think it is more delicate when the experiment is made by dropping them in separately."

The author adds that this test will reveal quantities of albumen undetectable by nitric acid, or heat and nitric acid; one part of albumen in 15,000 of water giving a distinct reaction, whereas one in 8,000 is the smallest amount that can be detected by nitric acid. Where such a very small proportion exists in urine it would probably require filtration before applying the test; in ordinary cases, however, this is not needed.—*Medical Gazette*.

HOMŒOPATHIC SOUP.—Dr. Trousseau, who much esteemed the late Dr. Cabarrus, the French homœopathist, attacked one day the minute doses of his system in the following capital prescription:

"Nothing is better for convalescents than homœopathic soup, which is made as follows: Purchase four pounds of bony meat, and carefully

bind it with pack-thread, then go to the *Pont des Arts* and suspend it by a string in the Seine. Allow it to infuse for three minutes, then leave and go to Havre. There take a pail of water from the river and pour it into a pail already full. Give, each morning, a spoonful of this mixture to the convalescent, who will find his strength promptly re-established."

A SEA ON FIRE.—Herodotus mentions a tradition that once the Caspian Sea became covered with a fluid which took fire, converting the whole into one vast sheet of flame. The truth of this tradition was verified by an extraordinary occurrence which took place in July of last year. The islands in this sea, as is well known, abound in wells of naphtha. For some cause these wells overflowed, and the naphtha running into the sea became ignited in spite of all precautions. For forty-eight hours many thousands of square miles were one rolling, tossing billow of flame, which could only die out with the exhaustion of the inflammable matter on which it fed. No loss of human life has been reported, but when the fire had burned itself out the sea was found to be thickly covered with dead fish.

BABIES' LEGS.—Bow-legs and knock-knees are among the common deformities of humanity; and wise mothers assert that the crookedness in either case arises from the afflicted one having been put upon his or her feet too early in babyhood. But a Manchester physician, Dr. Crompton, who has watched for the true cause, thinks differently. He attributes the first mentioned distortion to a habit some youngsters delight in, of rubbing the sole of one foot against that of the other; some will go to sleep with the soles pressed together. They appear to enjoy the contact only when the feet are naked—they don't attempt to make it when they are socked or slippered—so the remedy is obvious: keep the baby's soles covered. Knock-knees the doctor ascribes to a different childish habit—that of sleeping on the side, with one knee tucked into the hollow behind the other. He has found that where one leg has been bowed inward more than the other the patient has always slept on one side, and the uppermost member has been that most deformed. Here the preventive is to pad the insides of the knees, so as to keep them apart, and let the limbs grow freely their own way. All of which is commended to mothers who desire the physical uprightness of their progeny.

DOCTOR LYMAN STANTON, of Copenhagen, N. Y., tells the following good story—true and to the point: "A gentleman who had just lost a number of his family under the treatment of poisons said to his physician, 'This is the last doctor's bill that I shall ever pay; I shall never employ a doctor again, so long as I live and have my senses.' The doctor replied, 'Drowning men catch at straws, and you may yet be glad to see the doctor.' The gentleman answered, '*No, never! I shall trust in God Almighty and catnip tea.*'"

AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

AUGUST, 1870.

No. 2.

ORIGINAL COMMUNICATIONS.

TOPICAL MEDICATION IN UTERINE DISEASE.

BY GEO. H. TAYLOR, M. D.

THE idea that disease of the female generative organs is self-induced, self-subsistent, or at least that it in some way exists independent of outside conditions and causes, though perhaps nowhere asserted, appears to be accepted. Remedies are very naturally prescribed in accordance with this idea; and hence the prevalence of the application of *local* remedies. But another circumstance should be credited with its influence in favoring local applications—namely, the facility with which the *vaginal walls*, *uterine os*, *neck*, and *cavity* may be reached, examined and medicated through the vagina. These causes coöperate to withdraw the attention of physicians from the ultimate *sources* of morbid conditions, and to direct their attention to *effects* so easily observed and so readily medicated.

It hence transpires that the absolute and radical causes of disease, consisting of those serious impediments to the local circulation heretofore described, have been allowed to remain quite unsuspected. The local nutrition has gradually become impaired and perverted, and morbid materials have accumulated in the weak and obstructed region. The *real* disease to which we are called on to administer is the *process* whereby it is pos-

sible for these effects to occur rather than the effect itself, which we may be sure will disappear with its cause.

The remedies usually employed are, perhaps, sufficiently appropriate to meet the symptoms, so far as these are manifested locally, but they have not had sufficient relation to *causes*, have been entirely inadequate to remove these, and for the most part have been quite irrelevant to any such purpose. The salutary effect of these local applications are too limited and circumscribed to comply with the main indications. The treatment which shall prove entirely appropriate does not overlook or conceal all actual conditions, whether of parts upon which the pelvic region intimately depends, or of the contents of this region.

It is proper for us, at this point, to examine in brief the effects of the leading remedial local applications, in order to understand their utility in comparison with the treatment which aims primarily at causes.

In the use of these applications the principle of local depletion is ordinarily freely invoked. To this end scarification and leeches are not unfrequently applied to the mouth of the uterus, so as to allow a portion of the blood contained in the region to escape. More frequently the watery portion of the blood is drawn off by the application to the os or cavity of the cervix of some substance representing some direct and potent chemical power. The materials used for this purpose are *nitric acid*, *nitrate of silver*, *acid nitrate of mercury*, *chromic acid*, *permanganate of potassa*, *potasse fusa*, *potasse cum crete*, and many other caustic and irritating substances. To attain more profound effects, the uterine neck is dilated, and these substances applied directly to the lining of the uterine cavity. The *actual cautery* is sometimes employed. These remedies are selected from by the physician according as they are deemed most appropriate in the different cases.

The depletive effect follows in consequence of a partial or complete disorganization of the membrane, and often some portion of the deeper seated tissues to which the application is made. The contained fluids, being no longer restrained by containing walls, escape into the vaginal cavity and thence from

the system. The overburthened vessels, as well as the interstitial parts, being relieved of their painful tension, the capillaries contract and approximate their normal condition. A grateful sense of relief follows, which, in the absence of a knowledge of more complete appropriate and permanent remedies, may justify the employment of the means described.

The above may be regarded as the immediate effects—the more remote have still to be considered. The tendency to heal of a fresh wound, whether caused by cautery or otherwise, is well known to be superior to that of an old sore; and this fact affords another pretext for cautery in the case of local ulceration which displaces the ulcer by a virtual fresh wound, with active healing tendencies.

When, however, we consider that the tendency of fluids to flow into the pelvic region in abnormal amount has not by the means described been averted, and not even an attempt made in that direction, we shall see that the advantages secured are more apparent than real. The only substantial effect which can be expected, or indeed conceived, as coming through this and similar means, consists in a diminution of the capacity of the vessels and the parenchyma of the parts to contain fluids. The significance of this effect is diminished by the *perpetual on-flow to the region*, gradually but surely redistending the parts in which depletion was attempted. Practically, it is often found that the healthier condition is only maintained, or more correctly *simulated*, in many cases, by *repeating* the application, at such intervals as experience in the individual cases dictates to be convenient and necessary. The *primary* effect, it will be noticed, is *destruction*, while reparation is a secondary effect—a consequence of the vital endeavor to repair injuries.

Another series of agencies employed in the local medication of the pelvic contents are such as represent an inferior degree of chemical power, and are incapable of *destroying* the integrity of the surface to which they are applied. This series includes a large number of substances capable of exerting stimulative, astringent and tonic effects, and of thus modifying local nutrition. Some portion of many of these substances are doubtless absorbing into the circulation, producing effects not confined to

the pelvis. An outflow of serous fluid from the parts to which the application is made into the vaginal cavity is produced by some of these applications, while in other cases the blood is urged with increased celerity through the capillary vessels of the region, thereby diminishing the amount retained so as to approximate the normal quantity. The medical agencies thus used are numerous and varied in their chemical character and vital relationships.

Too much effect is expected from this class of remedies; their proper sphere is limited to that of local and transient purposes—helps to the more radical and efficacious remedies—that it is my purpose herein to set forth.

A third class of remedies used in the local treatment of pelvic disease consists in the topical application of those sedative principles also administered in the ordinary way as medicines.

A curative effect is hardly expected of this class of applications. Their function is more that of diminishing the consciousness of the pathological state than to remove it; but the use of this class of remedies, locally, is no doubt justified in certain classes of invalids whose physiological state is much under the control of the sensations and emotions. The influence of this class of remedies, like the preceding, is attainable only by local absorption of some portion of the drug, whereby the system at large and general health is affected, as well as the local diseases.

The reader will bear in mind that cases requiring strictly surgical interference are not at present under consideration.

The uterine remedial treatment above briefly described indicates, in a general way, the usual practice. The endless variety of detail of which the general plan admits, and which is employed by different medical men according to their opportunities of observation and judgment of different cases, it is unnecessary to notice, since these scarcely involve new principles. It is not my purpose to *condemn*. Current medical practice and literature represents the best thought on the various topics appertaining to it, and is entitled to all respect; but it must be conceded that it had a beginning, and that there were, previously to the

present, other ideas and methods that have been superseded. The rational inference is that still more advanced ideas and methods will, in due time, render the present of little account. The *good*, gracefully but inevitably, yields to *better*, whenever the latter becomes apparent.

My present purpose and desire the reader can hardly fail to understand. It is simply to exhibit the reasons and evidences on which rest my own convictions, confirmed by long experience and rare opportunities, that current practice is not based, as it should be, on the most important facts of pelvic pathology. Such practice seems to ignore the most essential—most vital point. It takes little or no practical account of the *causes* of pelvic hyperæmia, out of which, in general, the various common forms of pelvic disease must, of necessity, proceed. Failure to recognize these causes is equivalent to a limitation of legitimate remedial resources, and contentment with temporary and inconsequential expedients.

The direct proof of the correctness of the principles set forth in these articles is easily attained. Pelvic hyperæmia will be seen to disappear on putting these principles into practical operation. But this is far from being all. The *diseases*, which are the products and outgrowth of this condition, will be shown to disappear with, generally, a very gratifying degree of readiness, through the use of the same means. The successful treatment of invalids is by no means confined to the incipient stages of pelvic disease. On the contrary, the power of the methods about to be detailed is confirmed by their success in the most difficult and trying cases, if non-malignant in character, and, let it be understood, *without* the use of topical medication of any kind whatever. I state this to show the radical and potential nature of the remedy proposed, but do not undertake to say that topical aid would not, in many cases, add to the rapidity of restoration. It is due also to say that there are other considerations than those of strict scientific propriety, which will often dictate the kind of remedies to be employed, and which will not unfrequently justify the use of means not absolutely relevant to the case. Female training is to be taken into due account, and female expectations respected, or the phy-

sician will often find an irremovable barrier to success with his best remedies.

While, then, it is my purpose to bring to view old but neglected facts, and to invoke from them a *new* experience and practice, rather than to condemn what is established and justified, it becomes my duty to point out the shortcomings and disadvantages of the old remedial method.

1. The first of these has already received attention, and consists in the fact that local applications have no control whatever over what is demonstrably the usual, and certainly the most potent *cause* of pelvic affections. It is plain that the uterine circulation is not in any considerable degree aided, nor the superincumbent weight removed, by any form of local medication; and, so far as pelvic disease depends on pelvic hyperæmia, the cause for its continuance is quite as operative *with* as without the treatment referred to. The local application *may* transiently remove the existing condition, but are of little or no account in securing *permanency* of this effect.

2. We have seen that depletive local applications to the womb removes its congestion and inflammation, chiefly by exciting an exudation from the part overburdened with serous fluids. The loss of such fluids, rich in albumen, may not appreciably affect the general health, for we are not conscious of the minor circumstances which affect our power. But there can be no doubt that an active local outlet to fluids causes those of the general system to *set* in the direction of the drain, thus refilling and soon redistending the part. The previous hyperæmic condition is in this way nearly restored. While but little progress is thus made toward a cure, the system becomes habituated to an unwholesome reaction. This appears to be the explanation of the need of frequent repetitions of such applications in order to maintain the relief first experienced. The *real* advantage secured is simply that of change of nutritive fluid, and consequent improved nutrition in parts of sluggish vitality and overburdened with material—an object far better accomplished by other means, capable, perhaps, of producing less rapid effects but more certain cures.

3. Frequently repeated applications of strong medicaments

to the womb tends to the production of a morbid state of the nerves of the pelvic region, and through these the whole nervous system. This conclusion is justified by comparison of cases treated chiefly by the local measures already specified, with similar cases treated *without* resort to that class of remedies. It is well known that this class of invalids are subject to severe nervous troubles, such as persistent pain in the loins, back, legs, as well as pelvis, and which be in great disproportion to the local disease to which their origin is referred. These pains often appear even to increase with the progress of treatment, spite of the persistent sedative and antiphlogistic applications to which the pelvic organs are subjected. This aggravation of symptoms and persistence of pain is entirely consonant with the supposition stated.

The presumption of injury to the nerves by indiscreet or even by ordinary topical treatment is also justified by rational considerations. For, though the pelvic region has no superior endowment of *common* sensibility, yet we know that the *functions* of this region are second in importance to none in the system, and that these have most profound and extensive sympathies. The generative system is indeed a great centre of nervous power. The inference is at least plausible that morbid sensory impressions—such as are necessarily made by the application of the more potent substances named, and even by the sedative class of remedies, which are supposed to affiliate in some way with nerve substance—should produce an effect by no means confined to the pelvic region, but be radiated more or less extensively throughout the nervous system. My opportunities for observation have made me acquainted with numerous instances of this class of invalids, whose prolonged disease has rendered them well nigh hopeless as well as helpless, and whose continued suffering I have felt constrained to refer, in good part, to unnecessary and misdirected remedial efforts, especially those directed to the local symptoms, while the real cause suffered neglect.

This class of invalids are, in general, much more difficult of cure by the instrumentalities which effect rapid restoration in cases that have not been overmuch tampered with locally. This effect of continued local treatment has manifested itself to me

often so conspicuously as to render it certain that a diseased condition of the local nerves has been superinduced. The consequences are neuralgia, perversion of the sensation, and sometimes irrepressible emotional activity. These consequences should greatly detract from the estimate placed upon the use of local applications for the cure of disease having its origin at points remote from its manifestation.

4. The *mind* and *thoughts* become inevitably centred at any point of the body to which the attention is forcibly directed by the senses; and this effect reacts as a powerful cause of perverting the function of any such region. All physicians have seen the effect on the health of the stomach, for example, of constant attention to that organ. The nutritive condition of the abdomen, head, or indeed any important physiological centre, is liable in some temperaments to perversion by the same cause.

The uterus and appendages are naturally the centre of peculiar physiological interest. The unfathomable mysteries of procreation and the perpetuity of the species are involved therein. These organs are also in some way related to the deepest and most permanent feelings of the heart. In proportion as these matters transcend knowledge do they furnish food for the imagination, and, in any pathological state growing out of hyperemia, the effect is retroactive and morbid, and constantly operating to increase and aggravate the disease. The effect of calling the attention to the pelvic region so strongly as is done by means of frequent local application is to increase this kind of morbid action, and to fix and perpetuate the disease.

These are some of the consequences of local uterine treatment, and are inevitable, if such treatment be made excessive and exclusive for a prolonged period; in other words, these are the frequent results of the *abuse* of it. But, because I insist that such treatment is so commonly misused, the reader will not understand me as *discarding* local applications in pelvic diseases. My chief object has been to show that, by using mere local treatment, the essential disease itself is left neglected and untouched, and even unsought; that symptoms only command the attention—symptoms that will certainly subside and become of trifling account whenever the essential malady is recognized and properly provided for.

It is gratifying to learn that the principles of treatment for derangements and diseases of the pelvic contents which I have endeavored to set forth are meeting with somewhat tardy recognition by the medical profession. At the stated meeting of the Medical Society of the County of New York, the president, Dr. Geo. T. Elliot, remarked that—

“He was profoundly convinced that one of the most important elements of success in solving the difficult problem of the treatment of diseases of women consisted in securing such a mode of life as would compel muscular activity, and so equalize the circulation. For many patients he was in the habit of ordering localized movements, &c., until they were able to take out of door exercise. In a large class of cases of anæmia and amenorrhœa, where the patient complained of weakness, wanting to keep in the house and loll on the sofa, he had more confidence in this physiological mode of treatment than in all others. *If this were properly carried out, the local treatment now so much in vogue, and the ever ready resort to the speculum, might commonly be dispensed with.*”

THE COUNTERBLAST.

No. 1

BY ALEXANDER WILDER, M. D.

THE New School of Medicine is at issue with the Old on the character of the agents employed as remedies. It is the party of innocuous medication. It rejects the use of the lancet as unnecessary, and therefore murderous. It discards the various preparations of mercury, as being irritant poisons of obvious inutility, and manifestly improper to employ. It expels antimony from the pharmacopœia, as always creating diseased conditions whenever used, disorganizing the blood and depriving it of its essential vitality. It dispenses with the various compounds of arsenic, because they are not healing agents, but poisons. It gives its testimony against lead, because of the noxious influence of that metal, in whatever form, upon the

vital economy, whether as an internal remedy, a lotion or hair dye. This list of discarded agents ought to be enlarged, and no doubt will be, as medical men become more intelligent and more conscientious. The bold and manly ground taken by our State Organization is the only ground that can be consistently occupied, the language of the preamble and platform will show :

"The undersigned, having duly associated and become a corporation pursuant to said act, by the name and style of 'The Eclectic Medical Society of the State of New York,' have adopted the accompanying code of by-laws, and in order to declare without equivocation the cardinal doctrines and usages by which we are distinguished, do each and severally subscribe and set forth the following

PLATFORM AND DECLARATION :

"The Life itself, the principle often called 'the healing power of Nature,' is the sole force capable of removing disease and maintaining the conditions of health. The physician is therefore the minister and auxiliary of Nature ; and it is his vocation to know and apply remedial agents which conform exactly to the laws of life, and aid the physical system to relieve itself of morbid elements and recover the normal performance of its functions.

"We accordingly reject as medicines those agents or substances which are known to be baleful and poisonous in their character, having for their use no necessity or adequate justification, and exclude from our catalogue of remedies, *wholly and unqualifiedly*, blood-letting, the several compounds and preparations of mercury, antimony, arsenic and lead ; while, in the present imperfect condition of medical knowledge, we accept and retain other agents, chiefly inorganic, which are nevertheless open to objection. At the same time, we hope to be enabled eventually, as new discoveries and applications of medicines are learned, to use only remedies which are wholly sanitive and efficient, being derived from the organic world, and so acquiring their virtues from the operation of the mysterious principle of life which permeates them."

It is well known that the position taken on this subject by the Eclectic Medical Society of the State of New York has

always been maintained by Reformed physicians, and we are convinced of its propriety as we are of its policy. If we come short of it, there is no ground on which we can stand, making a separate organization worth the maintaining. Nevertheless, we would not assume it but for believing it to be true. It is not, in any legitimate sense of terms, partisan or exclusive; genuine knowledge always makes its possessors liberal and fraternal. "We accordingly accept no Code of Ethics which is in conflict with the Golden Rule: 'Whatsoever ye would that men should do to you, do ye even so to them.' Nor can we esteem any information lightly, however it may have been contributed, which shall enable us in any way to be more useful in our vocation. The art of healing, like civilization itself, is daily improving, expanding, and becoming more perfect."

Observation and experience have amply justified our sweeping rejection of the murderous agents here indicated. They do not heal; they add nothing to the volume of the vital power; they exhaust the physical energies and waste the life. We therefore recognise and acknowledge no pathological condition in which they are more potent and beneficial than the eclectic medicines; on the other hand, as remedial agents, their "wickedness is great in the earth, and their operation only evil continually."

The New School has two agencies by which to sustain its independent position—scientific learning and innocuous medication. When it lets go of either it must go by the board. No pretence of liberality can save it, nor any assumption of superiority. Intelligent persons are not going to submit to the medical care of ignoramuses, nor knowingly let any practitioner dose them with mercury, arsenic or antimony. Even the practitioners that use these agents are generally moderating their doses, and it is hardly fashionable to poison men as one would poison rats. It has always been the recommendation of Eclectic physicians to their patients that those drugs were not used by them. It does not belong to their vocation to "kill a man to save his life."

Samuel Thomson failed to establish a school of physicians who could be proud of his leadership, because he scouted and derided the acquisition of technical knowledge. "I hate their

terms as I do their calomel," he declared. Hence, although every new agent which he introduced into the *Materia Medica* was of untold value; although to his fierce denunciations we are indebted for the disuse of bleeding—the common people giving physicians the choice to dispense with the lancet or go without patients; although he taught the world the everlasting verity of medicine, that mercury, antimony and arsenic were poisons, and totally unfit to be used as remedies—and the world has not half done him justice—yet, by despising medical learning and declaring that technical knowledge was of little account, he failed to establish a system that would continue and maintain its progress in keeping with the requirements of the age.

Hence it was necessary to establish the Eclectic school. Inside the ranks of those physicians professing to be "regular" there was not a foot's breadth for a reformer to stand upon. The twenty-dollar pamphlet of Samuel Thomson, filled with cant, doggerel and stupid invective, was as much calculated to disgust as to instruct. But Morrow, the patriarch of Medical Eclecticism, when he established his little college at Worthington, Ohio, placed a fulcrum upon which Reformed medicine could fix its leverage. Discarding noxious medication on the one hand, and reaching out with the other for every utterance and scintilla of knowledge that could be obtained, he and his fellow-laborers thus succeeded in laying a broad foundation. Honor to their homes, fragrant forever be their memories. The work which they began it is our province to carry forward. We have no discharge while inorganic poisons infest the *Materia Medica*, and till only remedies made fit by the baptism of organic life and vital potencies are used in healing the bodies of men.

HYSTERIA.

BY MISS A. T. NIVISON, M. D.

HYSTERIA, if not one of the most mysterious, is certainly among the most perplexing of human ailments. Physicians have carefully observed its peculiar phenomena and deduced ingenious theories of its causes and the proper mode of treat-

ment; but neither the pathology nor its diagnosis has been altogether satisfactory. It has been supposed, as the name indicates, to have its origin in the morbid condition of the organs peculiar to the female sex, and to operate upon the physical and mental system by sympathy. Yet this hypothesis can hardly be considered as well sustained; for adult males have displayed the characteristic symptoms as well defined as the most sensitive women. We are confident, also, that critical examination would often show that hysterical patients were free from special uterine or ovarian disease, if indeed it did not reveal that such disease was not the effect of hysteria. The pathology of the complaint must therefore be considered from another stand-point, in order to arrive at a more trustworthy solution.

Like other maladies, we must regard hysteria as having its beginning in exhaustion of the vital energy. This exhaustion may in a great degree be physical, but it is a very superficial philosophy which refers all impairment of the bodily functions to causes purely or chiefly corporeal. Fatigue, exposure and insufficient nourishment, for example, we freely acknowledge to be potent agencies in producing such impairment; but they cannot be intelligently considered as the principal or the original source of the evil. We propose, therefore, to look farther, and inquire whether, in the peculiar malady of which we are treating, moral and interior causes do not constitute a serious element of mischief.

A celebrated writer upon psychological topics propounded in one of his treatises, as the initial fact, that the life of every human being is his love. Accepting that proposition as tenable, and capable of ample demonstration, we may at once infer that when that affection is in full normal activity the volume of vitality will be correspondingly full; and that when its condition is depressed from disappointment, or whatever cause, the vitality will be impaired. Debility is then sure to manifest itself in some form in the organism of the body. The lungs respire less freely, the blood is less arterialized, the liver becomes torpid, the other viscera perform their office imperfectly, digestion is incomplete, and so the body is more or less famished by the deficiency of proper nourishment. After that, whatever function or structure

is most liable to derangement, upon it first of all fall the consequences.

Every patient laboring under positive disease owes that condition to some exertion overtaking the physical powers, or to some agency reducing the circulation or nervous energy. The first link in the chain consists in a reduction of vital force, and the office of the physician is to restore the lost power, and thereby bring the patient back to health.

Hysteria, according to this hypothesis, is the result of debility. It involves the entire constitution. The variety of hysterical affections, in form, location and intensity, is very great. Their source, as has been just declared, is not local; but they may be regarded as the product of a disturbed condition of the brain and spinal cord, and they have their primal seat in the mind itself. Disappointed love, blighted ambition, a fancy corroding the disposition, may generally be set down as among the principal causes. The controlling influence of the mind over the body has been remarked by every one. When a person fails in mental effort, the nervous system becomes more or less relaxed; and hence the "favorites of fortune" will exhibit symptoms of disease when others who cannot take the time for brooding over such symptoms escape them altogether.

It is not an easy task to indicate the class of persons most liable to hysteria. We know that those who belong to the lower walks of life are seldom attacked by it; nor is it a disease peculiar altogether to persons of weak mind. The patients are often of more than usual force and decision of character, of strong resolution, and fearless of danger until these qualities have become impaired by the malady. But it is more common in women than in men; in young persons, from the age of seventeen to thirty, than in those older or younger; in the unmarried than in the married.

It also seems to be, after a certain manner, contagious. Let one person be seized with hysterical paroxysms, and all those persons in the vicinity who are susceptible are pretty sure to be afflicted in the same manner.

It is also noted for simulating other diseases. Sydenham says, "The frequency of hysteria is less remarkable than the

multiformity of the shapes it puts on. Few maladies are not imitated by it; whatever part of the body it attacks, it assumes the appearance of the disease to which that part is liable."

No wonder, therefore, that miraculous cures have been recorded where the diseases really did not exist; and that physicians have often failed of success from not apprehending correctly the nature of the malady which they were treating. Hysterical patients have furnished a golden harvest to pretenders, and afforded confirmation of the pretensions of impostors to supernatural powers.

It is hardly necessary to recite the peculiar symptoms of this disease—the headache, nausea, pain in the back, *globus hystericus*, uncontrolled muscular contraction, convulsions of the diaphragm, indicating by fits of crying, sobbing, laughing its close relation to the mind, the violent palpitation of the heart, the pain under the false ribs, increased secretion of urine, &c. Confidence of strength gives place to fear; mental vigor to weakness and irresolution. Then follows the category of supposed diseases about which medical men are so prone to differ, such as impaired sight, loss of memory, spinal complaint, partial paralysis, and affections of different parts of the body. Because these symptoms are false and deceptive physicians entertain these difference of opinion as to their character. Very many of the cases which are supposed to be spinal complaint are only hysterical. It requires, however, a very sagacious, indeed an intuitive, perception to distinguish rightly the character of the complaint for which examination is made. The mental discernment which is able to ascertain the malady is fortunately generally attended by the knowledge requisite for its treatment.

It is related of Mary Magdalene that out of her were cast seven demons. Those conversant with hysteria can easily conjecture the nature of those demons; and very often they may be rebuked and silenced by "a word." Happy the patient who finds a physician able to speak that word. In these days when "science" is made to take the place of moral power, it seems almost necessary to substitute medical treatment for the "more excellent way."

We have now intimated our belief that hysteria is primarily a psychological malady. The morbid symptoms are a sequence. Now, the function of the physician is to *cure*, or, as the word means, *care* for his patient. In the case of the hysterical person there should be a wholesome exercise of moral power. As the disease is essentially the effect of debility, in a certain sense, the attainment of such control is not a very difficult matter. It should be wisely exercised, however; for otherwise the subjecting of one person's will to the will of another person would aggravate and even produce rather than relieve the nervous malady.

Next to this should follow the stimulating and accustoming the patient to the habit of self-control, and with it a reliance upon the reserved forces of the constitution—the awakening of self-respect, the calling into action of the higher affections, the excitement of those powerful motives that lie closest to the centre of the moral nature. The ruling love, whatever it may be, constituting the essential vitality of the person, needs only to be aroused to set the whole physical economy into active operation, and add, or seem to add, to the volume of moral force. Hysteria is a disease of indolence, and should be treated accordingly. If a generous sympathy can be awakened in the happiness and well-being of others, and effort is put forth in their behalf, we have great encouragement in our endeavor. Hence, a wise physician will study carefully the moral nature of his patient, and how it can be called into wholesome activity.

But the question will be asked whether we ought to attempt to dispense entirely with the use of medicines? It is hardly probable that this can be made practicable under usual circumstances. But we will not now venture to make prescriptions. We only say that we should direct our attention to the source of the disease and regulate our treatment accordingly.

We may soothe and indeed spirit away the pain by the employment of anæsthetical agents, or may employ certain stimulants to counteract the debility in which hysteria originates; and we cannot too highly extol the various systematized muscular exercises now so much in use.

In short, every remedial agency which improves digestion,

strengthens the pulse, quickens the energies of the body, may be advantageously employed. There are a hundred modes of successful treatment, from the one extreme of teaching the patient the art of self-cure to the other extreme of persistent medication and the liberal use of stimulants. Let every physician bear in mind that this malady involves the nerves of the body, whether of a large or small portion of them, and is essentially and pathologically distinct from diseases of the vascular system. Hence the obvious utility of the moral in preference to the medical treatment. If we arouse the exhausted energy, whether of mind or body, we have the most gratifying assurance of success. We do more than heal a disease; we restore a human soul to moral life and release it from a fearful "body of death."

THE FACTORS OF LIFE.

No. 1.

BY S. H. POTTER, M. D.

EXPERIENCE has conclusively shown that medical education must begin with the knowledge of anatomy, physiology, pathology and organic chemistry. Every physician should also possess a thorough acquaintance with *Hygiene*, or the art of preventing disease. The old adage is no more trite than true—"An ounce of preventive is worth more than a pound of cure." Recently, organic chemistry has been appealed to for more exact methods and agents which can arrest the ravages of cholera, the yellow fever, and the cattle plague. These requisitions have not been made in vain. The medical man who is not well versed in the principles of sanitary regulations is not qualified to perform what the public have a right to expect from him. To attain these important qualifications, it is essential to learn the chemical composition of our bodies, and how these elements are acted upon by surrounding agents.

The human body is the aggregation of monads—minute, living cells, each of which contributes to the life of the body, as it is acted upon by the oxygen of the atmosphere. This primal fact is the foundation of all intelligent sanitary regulations, and

it shows under what conditions every breathing being must live.

The great factors of corporeal life are *air, water, heat and food*. The larger the amount of pure air a man inhales into his lungs every time he breathes, the more vigorous and healthy he is generally sure to be; because an important object in breathing is the absorption of oxygen and the expulsion of carbon and other impurities, by which vital process the blood is purified. The body of a man weighs one pound less after a night's sleep than when he went to bed; and this actual loss of weight is the amount of carbonic acid and effete animal matters—decomposed poisonous exhalations given off during the time. This is diffused through the air of the bedchamber, and absorbed by the bed clothing. If an ounce of cotton be burned every half hour during the eight hours of our repose in the room at night, the air will be so saturated with the smoke that breathing will be almost impossible, unless there be very free ventilation, although there can be only one ounce of foreign matter in the atmosphere. Yet the sixteen ounces of smoke thus formed are far less poisonous than the sixteen, or perhaps double this amount, of exhalations always thrown into our room from our lungs and skin during the eight hours of sleeping; for while the dry smoke is mainly taken into the lungs, the damp, nauseous odors we have exhaled and expired are re-absorbed readily by both the lungs and skin. With this knowledge, need any argument be used upon the necessity of free ventilation and that we enjoy a pure atmosphere?

The air also receives all that is exhaled from the surface of the earth, and from decaying animal and vegetable matters; thus it is liable to come to us loaded with poisons and even minute living animalcula—germs of disease. These are readily absorbed into our blood through our lungs and skin, and may rapidly increase a million fold within us, working their destructive processes, creating multifarious diseases, often of a malignant character. Thus we account for and understand one cause of the condition around us, secretly operating upon our systems, which we call *epidemic influence*. The specific virus of many contagious diseases—as whooping-cough, mumps, measles,

etc.—are also insiduously conveyed through the medium of the atmosphere, as well as many of the eruptive maladies, although the nicest chemical analysis which our present knowledge of chemistry has enabled us to make of the condition of the air has detected little or nothing of the nature of the specific poison in it. Pure air is essential to a healthy condition; and suitable ventilation, with every intelligent regulation to secure and continue its purity, must never be omitted. If each breath is drawn pure into our lungs, on its outgoing, the next instant, it is so impure and so perfectly destitute of nourishment, that if rebreathed, without admixture of purer atmosphere, we would soon die. Therefore, although the physician puts in requisition every other proper means for the benefit of his patients, but is not scrupulously attentive to ventilation and the cleanliness of their persons and surroundings, thus securing them from the noxious influence of effete emanations and all possible impurities of the air, a duty of the first importance has been omitted, which will result in protracting and aggravating human suffering, and perhaps in death. By careful attention to this measure alone disease is often prevented from extending to others or all in the same household, and many in the vicinity. The omission of this one point is an evil for which nothing will compensate.

Water is another factor of corporeal life, which bears a large proportion in all organic existence. There are 111 pounds of water in the body of a man weighing 150, and it conveys the oxygen which vitalizes his tissues. It takes up and digests the fat, starch and albumen, and its presence produces the peculiar physical changes of these substances through which life becomes possible. The adult human body requires, in one form or another, from 70 to 80 ounces of water daily, for the healthful performance of its functions. I need not say the practice which denied water to unfortunate patients, suffering from acute inflammations and fevers, &c., was unscientific; it was barbarous—showing a want of civilization. Yet this was the rule rigidly enforced when I was a student, and after I entered into practice thirty-five years ago. Water is the common solvent of the world of nature, equal in solvent power to the mineral acids and the most potent of the chemical agents. It dissolves organic and inorganic matters, and may come to us charged with the

poisons of the salts of lead, copper, zinc, arsenic, and other mineral compounds, or suspended in it, or bearing upon its surface highly noxious animal or vegetable matters, and minute, infectious germs—all prolific causes of wide-spreading epidemics and malarial diseases, &c. Modern investigations have proved that, in a large proportion of cholera, yellow and typhoid fevers, water is the vehicle through which the poison is conveyed. Suitable draining of the cesspools, and cleaning out of the streets and alleys of New Orleans, rendered it healthy for the occupation of the Northern army during the “recent unpleasantness,” and prevented the annual return of yellow fever and typhoid dysentery, and other bowel complaints, although otherwise confidently predicted by the contending enemy. Wells and cesspools were formerly in close proximity in cities, and by the interchange of their contents, drinking water became a prolific source of disease. This system has been simultaneously abandoned, but it seems that a blind perversity has arranged a more pernicious practice. Our sewerage pours the filth of large cities into the rivers; and the pernicious plan is adopted of pumping back the river water into reservoirs, from whence it is distributed for the use of the citizens, for drinking and culinary purposes. A chemical analysis of this water presents a revolting spectacle.

An important move has recently been made in London in the right direction, by way of experiment, which has proved successful in an eminent degree. Steam power has been applied for elevating and distributing the city drainage upon adjacent lands, rendering soil, heretofore comparatively sterile, highly prolific; thereby greatly increasing the supply of food to its needy millions. Mr. Rawlinson, an eminent English engineer, in a recent report to Parliament, estimates the annual value of the city drainage at one million pounds sterling; and that when all this vast amount of the city sewage is utilized, it will be sufficient to enrich seventy thousand acres of land every year. It is a desideratum of the first importance, to relieve our rivers and sea shores from the poisonous filth and excreta of large cities, using it to fertilize the soil, and thereby increase the amount of wholesome and greatly needed food.

HAMILTON, OHIO, July 1, 1870.

HEMORRHAGIC RHEUMATISM.

BY J. W. MOORMAN, M. D.

M. M., male, aged five years, well nourished, previous health good, complained of pains in the joints of lower extremities for several days; on 17th of September, 1867, the writer was consulted by the parents in regard to his condition. At this time the pains were not of a very severe character, and were not continuous, paroxysms coming on at irregular intervals; his appetite was variable, usually best in the evening; bowels constipated; tongue covered with a creamy coat; very little if any febrile disturbance; sleep was not good, being disturbed by paroxysms of pain occurring at intervals through the night.

He was prescribed a full dose of rhei and podophyllin, to which was added a few grains of santonine, as it was the belief of the parents that he was troubled with intestinal worms, after which he was to have an occasional dose of quinia and muriate of ammonia.

The purgative acted well, and expelled some half a dozen large size lumbricoides. The quinine was given up to noon of the 19th, when he had a very severe rigor, lasting him for an hour and a quarter, accompanied by cramping pains in the lower extremities.

At eight in the evening he was seen by the writer. He was delirious; pulse 130, perspiring freely; exhaled an acid odor; tongue was still covered with creamy coat; bowels had been sufficiently active since the purgative dose two days before; urine scanty and high colored, passed without pain.

The joints of both the upper and lower extremities were swollen; there was tenderness on pressure, and inability to move the affected limb from the extreme pain. While examining the joints of the lower extremity my attention was directed to several ecchymoses, and on further examination the whole surface of the body was found to be covered with the same character of eruption. At some points the petechiae were confluent, but in the most part they were distinct.

He was ordered—

R. Tinct. aconite rad.gtts. L.
Spts. etheris nitrosi.℥j.
M.

S.—Half a drachm every fourth hour until pulse is reduced.

At the same time he was to have—

R. Quiniæ..... grs. j.
Ammoniæ Muria..... grs. iij.

M. ft. cht. S.—To be taken every sixth hour.

The joints were rubbed with aconite lotion and enveloped with cotton wool. Diet to be light but nutritious. Up to the 22d, except the abatement of the fever, there was no perceptible improvement. The joints were still swollen and extremely painful, no movements of the limbs being tolerated. The petechiæ were present in greater profusion than at the first visit; though some of the first were fading away new ones were continually appearing. A small scab being removed from the face bled profusely, and the hemorrhage was arrested with some difficulty. Pulse was quick but small in volume; patient was entirely rational.

The aconite mixture was discontinued, and in its stead he was to have two grains gallic acid, and five drops oil turpentine every third hour. With this exception the treatment was unchanged.

23d. It was noticed that there was considerable debility. Pulse smaller than on the previous day. Since midnight has been hemorrhage from nose and gums—not, however, to an alarming extent. The swelling of the joints had lost much of its inflammatory nature, though movements of the limbs were still very painful. Urine was more copious, but with slight admixture of blood. Treatment continued. Diet to be nourishing. This treatment was continued to 28th, at which time the hemorrhage from nose and urinary organs had ceased; the gums were still spongy, and would bleed on pressure. The petechiæ were fading and no new crops appearing. Swelling and tenderness unchanged.

The gallic acid was withdrawn and iron and bark substituted.

On the fifth of October the petechiæ were almost entirely gone, and the desquamation which followed had disappeared almost entirely. The tongue had cleaned off, and the bowels continued regular. The rheumatic symptoms continued, though

very much ameliorated. After this he had two drachms Huxham's tincture bark and ten grains muriate ammonia thrice daily. Friction to the joints was enjoined as soon as they would admit of it. He improved gradually, though it was some weeks before he was entirely well.

Examples of hemorrhagic rheumatism are rare. Cases have been reported by German and French physicians, but the writer does not remember having seen a case reported by an American practitioner.

The chief difficulty in the diagnosis is discriminating between simple purpura and its complication with rheumatic symptoms. In the case reported, as well as in the larger number on record, the rheumatic symptoms preceded the development of the purpuric eruption. It is by no means necessary that the patient should be anemic that the petechiæ become developed, but the more robust became debilitated very early, thus leaving the inference clear that there must be considerable alteration in the vital properties of the blood. In two of the cases hitherto published eschars formed over the ecchymoses, and passive hemorrhage occurred from the mucous membranes, followed by dropsical effusions. There seems to be no connection between the two groups of symptoms as regard the severity: in some the purpuric and in others the rheumatic symptoms are most prominent, while in others they are equally developed.

Hemorrhagic rheumatism is rarely fatal. The early appearance of debility, even in the stoutest persons, calls for supporting treatment very early. Heart complication rarely occurs, probably from a lack of intensity of inflammatory action.

In regard to treatment little need be said. The usual treatment, when the two affections occur separately, seems to be quite efficient. Tonics and astringents combined with alkalies and resolvents, together with arterial sedatives if high inflammatory action is present, is the amount of treatment generally necessary.

As before remarked, the necessity for the use of tonics and supportive measures becomes manifest in this much earlier than in uncomplicated rheumatism.

HARDINSBURG, Ky., July, 1870.

PERISCOPE.

The History of Anæsthetic Discovery.

THE death of the illustrious Edinburgh Professor, Sir James Simpson, has not only furnished topic for general and, we may say, national regret, but has suggested material for the daily press on the subject of anæsthesia, in reference specially to the origin and history of that beneficent advance in medical science.

As is common when laymen write on things medical, and enter into controversies involving the historical reputation of medical men, and the origin of new progresses, many indefinite, absurd, and even incorrect statements have been bandied about respecting this discovery of anæsthesia and its discoverers.

On one side some English writers have placed the whole of the discovery to the credit of Sir James Simpson; on the other side some American writers have claimed for Wells, Morton and Jackson, or for one or other of them (for even each of these has his special partisans) all the honor, assigning to Simpson either a secondary place in the great work, or hinting that what he did was an interference rather than an advance. The cause of this division of opinion is traceable clearly enough to a want of knowledge, on the part of the disputants, of the historical facts, and it now becomes our duty, as publicists representing medicine, to put the facts before the world in their correct order.

This would be our duty were it a voluntary obligation. It is more: the number of applications made to us from all parts for an accurate representation of the history, enforces upon us a task to which we will proceed with but two other preliminary observations. Firstly, that we that write this article have been engaged without any intermission in the study of anæsthetic research from the earliest day when the practice of anæsthesia was introduced into this country; and, secondly, that we shall adhere rigidly to the facts of history, troubling our readers with references to original sources of information when necessary, and speaking of the dead whom we may name by Sam. Johnson's revision of an old motto:

"De mortuis nil nisi *verum*."

For the sake of order we will divide the subject of the history into (a) the ancient or classical stage of the discovery; (b) the first chemical stage in which the chemical agent, nitrous oxide, was introduced; (c) the stage of discovery of etherization; (d) the stage of discovery of chloroform; (e) the stage of latest discovery.

In the present part we will treat of the first of these stages.

CLASSICAL STAGE OF THE HISTORY.

It will fix the idea of the period of the classical stage of anæsthetic discovery best on the mind by stating at once that it runs simply with the era of Christianity down to this century; that is to say, it extends from the first to the eighteenth century. We find in the writings of physicians of the Roman Empire in the first century clear evidence of the practice of surgical anæsthesia. How long the practice had then been in use, and whether it was of Roman origin, or had descended from the Greek school, are doubted points. The probabilities are that the practice came down from the Greek school; for the Romans were hard copyists, and the medicine employed by them to produce anæsthetic sleep was well known to the Greeks, and was, in fact, a vegetable product of the Isle of Greece; the medicine was "*atropa mandragora*," commonly called mandrake. Mandrake belongs to the same genus as belladonna, and contains an alkaloid possessing active narcotic properties, concerning which we shall have more to say on another occasion. That the narcotic was capable of producing prolonged sleep, sleep even simulating death, is sufficiently proved; and that the fact was generally known for many ages is obvious from the references made to it by the great poets who have used it with special effects in dramatic art. Shakespeare more than once speaks of mandragora, and, referring to the inebriation which it produces, characterizes persons under its influence as "mandrakes," in the same manner as we characterize those inebriated with alcohol "alcoholics." In "*Romeo and Juliet*" the administration of the *atropa mandragora* to the heroine by *Friar Laurence* is the great point of the play, as her reasoning upon it before taking the potion indicates. Thus—

"Alack! alack! is it not like, that I
So early waking—what with loathsome smells
And shrieks like mandrakes' torn out of the earth,
That living mortals, hearing them, run mad."*

The first mention made of mandragora as an anæsthetic is by Dioscorides Pedanius, who lived in the earlier part of the first century, and whose study of botany in its application to medicine was an event in the science. Of mandragora he observes:†

"There are those who boil the root in wine to a third part and preserve the decoction, of which they give a cyathus‡ in want of sleep or severe pains in any part, and also before operations with the knife or the actual cautery, that they may not be felt."

Again—

"A wine is prepared from the bark of the root without boil-

* "*Romeo and Juliet*," act iv, scene 3.

† "*Dioscorides*," book iv., chap. 76.

‡ A cyathus was a small drinking glass; it also indicated a weight of 10 drachms.

ing, and three pounds of it are put into a cadus* of sweet wine. Of this three cyathi are given to those who require to be cut or cauterized; when, being thrown into a deep sleep, they do not feel any pain."

Once more, he describes a kind of mandragora called "morian," probably the white seed of the apple of the mandrake, spoken of also by Pliny as a narcotic poison, of which he (Dioscorides) says—

"A drachm of it taken in a draught, or in a cake, or other food, causes infatuation, and takes away the use of the reason; the person sleeps without sense in the attitude in which he ate it for three or four hours afterwards. Medical men use it when they have to resort to cutting or burning."†

Pliny (Caius Plinius Secundus) also describes mandragora in similar terms, giving to the juice of the leaves a preference over the root. He affirms it has the power of causing sleep. "The dose, half a cyathus, is taken against serpents, and before cuttings and puncturings, that they may not be felt." He further adds, and this is the most peculiar, "For these purposes it is sufficient for some persons to seek sleep from the smell."‡

In a work entitled "*Liber de Herbis sive de Nominibus ac Virtutibus Herbarum*," we find a later reference to surgical anæsthesia. This work is attributed to one Apuleius, the most ancient edition being without date, and from Rome. The first edition with date came from Bale in 1528. The authorship of this work is disputed. It has been attributed to Celsus Apuleius, a contemporary of Celsus; to Lucius Apuleius of Madaura, the author of "*Metamorphoses, or Golden Ass*," the "*Florida*" and other works; and lastly, to a monk of the eleventh or twelfth century. Celsus Apuleius, although a medical writer, may be thrown out, because in the treatise "*Liber de Herbis*" Dioscorides and Pliny, later writers than he, are quoted. Lucius, who lived in the middle of the second century, in the time of the Antonines, might certainly have written the work, except that he was not a physician but a pleader. Of the third Apuleius, history is speculative; in fact, he may be an imaginary character. Anyhow, in the sixteenth century, in a book by one Apuleius, and an authority, the statements of Dioscorides and Pliny respecting mandragora are repeated thus:

"If any one is to have a limb mutilated, burnt or sawn, he may drink half an ounce (of mandragora) with wine, and whilst

* A cadus is 18 gallons.

† See Professor Simpson's paper, "*Monthly Journal of Medical Science*," vol. viii; and Richardson's edition of Snow on "*Chloroform and other Anæsthetics*," pages 1-8. Churchill, 1853.

‡ "*Natural History*," book 25, chapter 13. Bohn's admirable edition of Pliny supplies the quotations in full, and is a book which should be in every medical library. See also Snow, *op. cit.*

he sleeps the member may be cut off without any pain or sense."

In another work, entitled "*Chirurgia Secundum Medicationem Hugonis de Lucca*," published in Venice in 1490, by Theodoric, we get a further glimpse of anæsthesia. Theodoric, a pupil of Hugo of Luca, was a monk and a preacher, and ultimately a bishop; he practiced surgery, and ended his days at Bologna, where he died in 1298. He gives a recipe for making a mixture which could be placed on a sponge in hot water, and which, when applied to the nostrils of a patient about to undergo an operation, would produce sleep, during which the operation was to be performed. In this recipe hemlock and the juice of the leaves of the mandragora formed constituent parts. Snow, who gives the formula in full, disputes its efficacy as a substance to be inhaled, in which opinion we can but agree; but the mention of mandragora in the manner stated implies that, in the middle ages, surgical anæsthesia was still carried out. Snow further quotes from the work of M. Stanislaus Julien, on Chinese medicine, entitled "*Koukin-i-tong*," that a Chinese physician named Hoa-tho, who lived between the 220th and 230th year of our era gave to his patients a preparation of hemp, by which they became as insensible as if they were drunk, or deprived of life, when he performed his operations; it is inferred in this case that the fumes of burning Indian hemp were inhaled. This is probable, for the fumes do produce a narcotic effect, which is very rapid in its action, as do the fumes of some other vegetable substances which have been experimented upon in our own day. The fumes of the *lycoperdon gigantum*, or common puff-ball, were shown by ourselves, in 1854, to possess powerful anæsthetic qualities, the active agent in them being carbonic oxide. For ages past the fumes of the burning *lycoperdon* have been used for stupifying bees before taking the honey from the hive.

Coming to later times, we find, in the seventeenth and the eighteenth centuries, that narcotic draughts were sometimes administered previous to operation, for the purpose of annulling pain. In the *Medical Gazette*, v., xii, p. 215, Dr. Silvester gives the account of Augustus, King of Poland, who was operated upon by Surgeon Weiss while rendered insensible by a narcotic potion; and afterwards, in 1780, Sassard, a surgeon of La Charité, Paris, suggested a similar practice. That this practice was carried out is obvious from a chapter in Benjamin Bell's *Surgery* for Bell not only names the practice but objects to it, as though he had tried it, on the ground that it produced "sickness and vomiting."*—*Lancet*.

*"Bell's System of Surgery," vol. vi., chapter 45, "On Preventing or Diminishing Pain in Chfrurgical Operations." Edinburgh, 1787.

Thus we see that for seventeen hundred years at least, if not for a longer period—and we might possibly go back to Homer for a doubtful indication of even an earlier history—anæsthesia for surgical operations has been a practice; why it was not a general practice was probably due to the uncertainty or the trouble with which it would be attended during ages when chemical science was little developed, when the formulas of physicians were traditional and empirical, and when the dangers attending the production of sleep by artificial means were exalted by superstitious dread.

(*To be continued.*)

Therapeutic Effects of Hydrate of Chloral in Cerebral Diseases.

DR. T. S. CLOUSTEN, Medical Superintendent of the Cumberland and Westmoreland Asylum, thus sums up his experience after having given the hydrate of chloral in forty cases of various forms of *insanity*:

“ 1. It has proved a most safe and certain sleep-producer. It seems certain that by it we can compel sleep in any case.

“ 2. By means of this property, attacks of insanity may probably be warded off in some cases.

“ 3. Its action in abating and soothing excitement is more uncertain than its sleep-producing power, and lasts a shorter time than that of any signally powerful drug; but it is most valuable in certain cases, especially in some recent and curable ones, where formerly we should have been afraid to give opium. It has no directly curative action, but it evidently could be so employed as to tide over short attacks of insanity, and to prevent certain cases from being sent to lunatic asylums.

“ 4. Whether it does good or not it never does harm. In this respect it is the very king of all narcotics.

“ 5. Its effect on the temperature of the body is variable in different cases, and in the same case at different times; but generally it is to reduce the temperature slightly, taking the average of a number of patients. It differs from opium in this respect, which raises the temperature; but the reduction caused by chloral is not nearly as great in maniacal excitement as that caused by alcohol in large doses.

“ 6. It should be given to subdue brain excitement in doses, beginning at twenty of thirty grains, repeated from three to five hours. To produce sleep in great excitement from forty to sixty grains are required, the latter dose not failing in one per cent of the cases.”—*Brit. Med. Journal*, May 7, 1870.

Dr. John B. Tuke, Medical Superintendent of the Fife and

Kinross District Asylum, has employed chloral with good results in acute mania, asthenic insanity, the insomnia of melancholy, and in chronic cases of insanity, in which violent outbursts of excitement occur. "The advantages of chloral," he says "over all our hypnotics with which I am acquainted are—

- " 1. That it is more uniformly certain in its action.
- " 2. That it has no depressing influence.
- " 3. That it does not cause constipation.
- " 4. That it does not produce nausea.
- " 5. That its effects are more lasting.

"I believe it to be the most valuable means of procuring sleep which has yet been introduced into the Pharmacopœia of the asylum physician."—*Lancet*, March 26, 1870.

Mr. Spencer Wells stated, at a meeting of the Obstetrical Society of London, that in a case of furious maniacal excitement seen by him with Dr. Munro, one thirty grain dose of chloral was followed by almost immediate calm and afterwards sleep.—*Lancet*, April 2, 1870.

Dr. Playfair also reported to the same society a case of threatened puerperal mania, where the patient had become maniacal after a previous labor, and after the present one exhibited the same symptoms which had preceded the previous attack, viz: restlessness, inability to sleep, etc. Thirty grains of chloral given at bed time produced a long and quiet sleep, and the same dose was repeated every night for a week. Dr. P. has no doubt that this medicine kept off the threatened attack.

A case of puerperal mania was communicated to the Obstetrical Society of Edinburgh by Dr. Thompson, who stated that from his observation in that case he looked forward to chloral being of the greatest service in the acute stage of that disease.—*Edin. Med. Journal*, May, 1870.

Mr. R. G. Hill reports (*Med. Times and Gaz.*, April 9, 1870) a case of acute mania in a female, in which the usual remedies were tried without benefit, when chloral was given with the happiest effect.

Much additional testimony has been adduced as to the value of the hydrate of chloral in *delirium tremens*. According to the experience of the physicians of the Royal Infirmary, Edinburgh, chloral seems in this disease "to be almost a curative agent—as in most cases, notwithstanding violent excitement or delirium, it produces a sound sleep, from which the patient frequently awakes sane and rational. In doses of forty or sixty grains, repeated every half hour three or four times, a deep and lengthened sleep generally ensues. Although there are several ex-

ceptions, many most interesting and remarkable cases might be cited to prove the general rule."—*Brit. Med. Journal*, April 30, 1870.

Mr. Maunder has employed it successfully at the London Hospital, in a case of furious *delirium tremens* in a woman. A drachm dose was given, and within half an hour she was fast asleep, all manical symptoms being abolished for the time. The dose was repeated with the effect of keeping her quiet, and at the date of the report she seemed quite rational.—*Brit. Med. Journal*, April 2, 1870.

Dr. George W. Balfour has been equally successful with chloral at the Royal Infirmary, Edinburgh. He relates six cases of *delirium tremens* successfully treated, and says that the cases in his wards "vary from the merely excited fidgetty condition, known as the horrors, to the most exaggerated mania, often accompanied by repeated epileptiform convulsions. The cases given are amongst the severer ones treated; the milder ones succumbed more readily to the treatment, one dose being usually sufficient; the general result being to keep the wards almost empty, from the rapidity with which the patients are enabled to be discharged."

Dr. C. A. Stivers reports (*Pacific Med. and Surg. Journal*, May, 1870) two cases of *delirium tremens* successfully treated with chloral in the San Francisco Hospital.—*Journal of Med. Sciences*.

Statistics of the Treatment of Pneumonia.

As an appendix to Dr. Given's valuable article in the *American Practitioner*, on tincture of veratum in pneumonia, I add the facts found by Van Praag (Vichow's Archives) on dogs, rabbits, fishes and birds. The circulation and breathing diminishes intensely; muscles lose their tension, the irritability of the nerves, especially of the peripheric, lowered. Nearly always salivation and vomiting, often diarrhœa, urine normal. These symptoms are preceded by irritation, etc. After the very exact experiments of Kieman (Prag. Vierteljahr, 1868), it is ascertained that no remedy is found so readily and surely to effect as the tincture of veratrum. Hirtz (*Revue Therap.*, 1870) prefers digitalis, and blames veratrum as too fugacious and nauseous, and thinks that it will not constitute a general method.

The mortality of pneumonia by the expectant treatment is—

Thomas, 21.5 per cent. among 65 cases.

Bleiler, 29.9 per cent. among 148 cases.

Dietl, 7.4 per cent. among 189 cases.

After blood letting—Dietl, 20.4 per cent. ; number cases unknown.

After tartar emetic—Dietl, 20.7 per cent. ; number cases unknown.

After veratrum—Vogt, 7.8 per cent. among 51 cases.

Bierman, 10. per cent. among 60 cases.

Kieman, 12.5 per cent. among 40 cases.

By diverse treatment—Huss, 10.7 per cent. among 2,616 cases.

Vienna Hospital, 26.5 per cent. among 114 cases.

Vienna Hospital, 21.5 per cent. among 756 cases.

With Huss the method of treatment seems to be irrelevant. The effect of veratrum is only symptomatical, but of the greatest value for its promptity in case of want.

Medical Intolerance.

Whereas, The State Allopathic Medical Society, has been instrumental in passing laws to prevent the people exercising their own judgment in the selection of their medical attendants ; and

Whereas, They are not willing that any other class of physicians shall have any rights which they or any one else are bound to respect ; and,

Whereas, All persons, no matter how highly educated, are termed quacks if they choose to think for themselves, or emancipate themselves from the tyranny of the school of allopathic medicine ; and,

Whereas, The Committee on the President's Annual Address basely slandered and calumniated the people of this State, when they said "the cause of the success of quacking among its people is to be found in the deficient knowledge on the part of the people, and that legislative action must be had or directed to remove the cause (ignorance)," therefore, be it

Resolved, That, as reformers in the practice of medicine, we regret the *profound ignorance of the people* (as charged by our allopathic brethren) in regard to the knowledge in our power, and unlike them not try to keep them in total ignorance.

Resolved, That this abortive effort to smother medical inquiry, and the contemptible insinuation against the competency of the people to judge for themselves in the selection of their medical advisers, is too gross an insult to their intelligence to be lightly passed, and is in itself an evidence of quackery.

Resolved, That allopathy contains more quacks, and tolerates

more "professional" quackery, than any and all other schools of medicine.

Resolved, That no physican having the greatest good of the community at heart, ever asked the law to step in and force his opinions and practice upon the people, whether they want them or not.

The above was passed by the Eclectic Medical Society of Minnesota, May 25th, 1870.

Is Calomel a Cholagogue?

* * * * Is calomel a cholagogue? that is the question. Have any of the preparations of mercury any power over the hepatic functions? The eminent Dr. Bennet says not. Or does it merely act on the bile in the gall bladder like food, and some of the cathartics, by stimulating the duodenum, gall bladder and ducts, causing the contraction of the cyst, and relaxation of the ducts and valve, through reflex action, like the urinary bladder, which even friction on the perineum or genitals will cause to contract, creating a desire to urinate? The only difference is that this function is partly voluntary, and when the will is brought into play the bladder contracts, the urethra dilates, and the veru montanum or valve is thrown open. It is only while the alimentary canal is quiescent that the bile accumulates in its reservoir, the gall cyst. Dr. Bennet, in his report on the action of calomel on the secretion of bile, says that in small doses it *has no such effect whatever*, while in large doses it actually diminishes said secretion.

For myself, I am not much suprised at the report. In a long experience I cannot testify to any superiority of calomel over many other cathartics. I cannot attribute one cure to its use where nothing else would have been available, and I doubt not that any reader of this article will candidly say the same in his own heart. Where is the physician to-day who would place calomel in his tri-pod? Certainly no one like myself with an originally good set of teeth, in a good constitution, all loose and dropping out without decaying, at the rate of three a year, from the use of calomel and an accidental drenching of rain, ten years ago. I for one will not tenaciously adhere to a supposed medicine that I have known to do great harm and no essential good. Shall we, who profess to practice the only systematic principles of medicine, and do practice the only system not rotten with quackery, shall we defend king Mercury only because empirics oppose him, or our sires bent the knee to him? Not I for one. Five years ago I thought intermittents could not be successfully

treated without calomel; experience has taught me that it is of no use in these miasmatic diseases of the West, and a few days ago I noted that Dr. Flint says the same thing. I had previously confined its use to these fevers, and now have no use for it at all. Biliary derangements are but symptomatic of the fever in these cases: treat the fever accordingly, and let the liver take care of itself. There are many cathartics which promote a flow of bile, and by some empirics they are all considered hepatic stimulants, as podophyllin, leptandrin, lobelia, etc. If any of them do so, it is on the same principle that food acts, if it acts on the liver at all, and not merely on the gall-bladder, namely, by sympathy or reflex action, and not by the passing through the portal system, as generally supposed.

* * * *

The very fact of the indiscriminate and irrational manner in which calomel is given is strong evidence that it has not the effect attributed to it. For instance, it is given for *diarrhœa* or for *costiveness*, for "*torpid liver*" or "*for overflow of bile*," for passive congestion or active congestion.—D. W. Anderson, in *Cincinnati Medical Repertory*, July, 1870.

Effects of the Secretion of Tears on the Circulation of the Brain.

Mr. LUND read before the Manchester Medical Society, March 2, 1870, a paper on this subject. He related the case of a lady who, about ten years since, after hearing suddenly of the death of a son, was seized with a violent paroxysm of grief, shed tears profusely, suffered for some days from frontal headache and great cerebral excitement, and then recovered. Lately, this same patient received news, by letter, of the supposed death of another son abroad. The circumstances were peculiar, and, when the letter was read, while all the family around were greatly affected, it was noticed that, contrary to her usual habit when much moved, she did not shed a tear. In about two hours afterwards, while sitting at dinner, she suddenly exclaimed, "Oh! my son, I shall never see him again!" and immediately she was seized with right hemiplegia. There were no other form of paralysis, and no aphasia. The total loss of power, with partial loss of sensation, in the right arm and leg, remained for nearly five days, after which the paralysis gradually ceased, and at the end of three weeks, all traces of it were lost. During this time it was declared by her friends that she was never seen to shed tears. The inference drawn from these facts and from other singular cases referred to was that, on both occasions, under the excitement of intense grief, certain parts of the brain,

most probably the thalami and striate bodies, which have been called the *emotional ganglia*, were the seat of vascular congestion; that, on the first occasion, this vascularity was in some way relieved by the secretion of tears, but, on the second attack, the secretion of tears not occurring, the congestion of the ganglia persisted for a certain time, and this state and the paralysis were associated together as cause and effect. It was assumed that one use of intense lachrymation, as an emotional secretion, was to relieve the excessive *intracerebral vascular congestion* of certain parts, which, if allowed to go too far or to be too long sustained, would damage the structures and cause suspension of their functions. The whole subject was illustrated in many ways, and the paper, which was very interesting, caused considerable discussion.—*Brit. Med. Journal*, April 30, 1870.

Dr. J. R. Newton, the Spiritualist.

THE *Liverpool Mercury* gives an interesting account of a meeting held in that town by Dr. J. R. Newton, from the United States, who heals the sick and afflicted through spiritual aid. Dr. J. R. Newton himself seems to have borne some few afflictions of a rather serious nature, for, after telling the audience that he “loved them as he would a brother,” he stated that he had had many hairbreadth escapes, among which he might mention “strangulation, shipwreck, and a serious fall.” Dr. Newton’s power of healing is not limited. “I can heal,” he said, “a multitude as well as a few. I can do just as well on five thousand as on a small number.” He then proceeded to give “a specimen of his great power.” “I will cause,” he added, “a shock to pass from me which will be felt more or less by all present, and if any one is in pain after it, let him come to me and I will cure him.” This part of the exhibition appears to have been not quite so successful as could be desired. According to the *Mercury*, the doctor stood up, extended his arms, threw back his head, closed his eyes, made a sudden start as if he were about to cast himself head foremost into a river, raised his head again, and shook it in a manner which gave the impression that he had really taken the plunge, had risen to the surface, and shaken his dripping hair off his face; and then, opening his eyes, took a general survey of the persons before him. This was the “shock,” and it would have been admirable, but nobody seems to have been shocked at all. The doctor therefore proceeded to heal the people. He first healed a cripple. “Do you love me?” he asked the sufferer; “do you love

me as a brother?" Yes, the cripple did happily love Dr. Newton, who accordingly kissed him, and said, "Disease depart from thee," the result being that the cripple was so much better that he went through several twistings at the doctor's request. The next patient proved a more awkward customer to deal with. A sturdy looking man, with a strong Northern accent, rose, and said, "I tak' exception to what you say. Ye say all pain has left the people in this room. Noo, I have suffered for a lang time and am nae better." This gentleman suffered from rheumatism, and nothing Dr. Newton could say or do seemed to give him relief. The reason of the failure was, however, most satisfactorily accounted for. "This case," the doctor said, "is one of a very peculiar sort: this person has a very strong will; he is very positive in his will-principle." "My dear friend," he inquired, "did you believe I could cure you before you came up here?" "Certainly not," replied the patient, and he was accordingly dismissed, as he expressed it, "nae better," and incurred great disgrace among the audience. About thirty or forty persons came to be healed on Sunday, and, except the unbelieving Scotchman, all expressed themselves the better for the "shock." Dr. Newton then blessed Liverpool (including Birkenhead), and expressed his intention of coming to London, where, if he remedies all the ills from which we suffer, he will find plenty of work cut out before him.—*Pall Mall Gazette*.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

Anatomy; Descriptive and Surgical. By HENRY GRAY, F. R. S. The drawings by H. V. CARTER, M. D. With additional drawings in the second and later editions, by Dr. WESTMACALL; with an introduction on General Anatomy, by F. HOLMES, M. A., Cantab. A new American, from the fifth and enlarged English edition, with four hundred and sixty-two engravings on wood. Philadelphia: HENRY C. LEA, 1870. Svo., pp. 876.

A WORK so extensive and familiarly known as Gray's Anatomy needs, upon the issue of a new edition, no introduction to the profession. By common consent it has been accepted as *the* Text-book on Anatomy. In the present edition the rearrangement of the plan of the work, and the additions which have been made, have served to materially enhance its value. The several articles on General Anatomy previously scattered through the volume, and preliminary to each system, are gathered into an introductory chapter, and in part rewritten by Mr. Holmes, so as to furnish the student with a very succinct but

sufficiently comprehensive idea of histology. To this has been added a short description of the chief processes of the development of the ovum, and of the structures characteristic of the foetal state.

Sixty-seven new illustrations and fifty additional pages have been introduced.

The present edition has passed through the press under the supervision of Dr. R. J. Dunglison, who has corrected any errors that may have escaped the hands of its English editor, and has made such changes in the typographical arrangement as seemed calculated to render the volume more convenient for consultation and reference.

A Practical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Heart. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Surgery and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Second edition, thoroughly revised and enlarged. Philadelphia: HENRY C. LEA.

THE first edition of this work was published some ten years ago, and the readers of the REVIEW, we presume, are familiar with it. Professor Flint, in his preface, declares that he has endeavored to incorporate the results of the study of the diseases of the heart during the period that has elapsed since the appearance of the work. Many additions and alterations have been made and much has been rewritten. An analysis of about four hundred and fifty cases, recorded by the author during the period just stated, has served as the basis of the revision. This adds immensely to the value of the work. A physician without it has his library incomplete, and the student will find it essential in acquiring the knowledge of his profession. Enlargements, lesions, degenerations, malformations, inflammation and aneurism are exhaustively treated by a writer personally familiar with his subject, and skilful in his way of presenting it.

The American Chemist. A Monthly Journal of Theoretical, Analytical and Technical Chemistry.

WE have received from the enterprising publishers, Wm. Baldwin & Co., the July number of this journal, the first of a new series, of which, the *Chemical News and Journal of Physical Science* constituted the old. It is to be under the editorial management of Charles F. Chandler, Ph. D., and W. H. Chandler, gentlemen widely known and distinguished for their scientific and literary attainments.

The *American Chemist* aims to be something more than its prototype—merely a reprint of the English edition of the *Chemical News*. The editors propose to make it a medium of communication between the chemists of this country. While they will endeavor to reproduce everything of value in the English edition, the plan of the journal

comprises original articles and selections from domestic, as well as foreign sources, of all matter of interest or value to American chemists. We confidently commend it to the profession and scientific men generally.

American Agriculturist.

THE July number of this paper has several valuable articles, one of which has been prepared with special care and labor, and is of great importance. We refer to the chapter on "*Poisons and their Antidotes*," on page 250. A great number of cases of accidental poisoning are constantly occurring—almost every family has had one or more—though few except fatal cases are made public. This article gives the poison in prominent type, and places right against it the best remedies likely to be at hand in ordinary households. The article should be extensively copied, so as to get it into every family. Though copyrighted, this, like all other articles, is at the free service of the press, with the simple condition that credit be given to this journal in its full name.

It is hardly necessary to call attention to the many other valuable articles—such practical chapters as Walks and Talks on the Farm, Ogden Farm Papers, Horse Papers, and the other agricultural and horticultural articles, all prepared by practical men, who speak from thorough, practical knowledge; the Household and Children's Departments—the latter enriched by the contributions of "Carleton." The illustrations in this as well as other numbers are of the highest order of artistic excellence.

EDITORIAL.

CALL FOR A NATIONAL ECLECTIC MEDICAL ASSOCIATION.

THE Eclectic Medical Society of the State of New York, at its Semi-Annual Meeting in June, 1869, appointed Dr. Robert S. Newton, P. A. Morrow and J. M. F. Browne a Committee of Correspondence, in relation to the holding of a National Convention of Physicians belonging to the New School of Medicine, with power to act for the said Society in designating the time of holding such Convention. The committee so appointed have discharged that duty. After a full comparison of views with the officers of the several State Eclectic Medical Societies and of the Eclectic Medical Colleges, they finally proposed and transmitted to the prominent officers and professors the following circular letter:

NEW YORK, April 25, 1870.

TO THE OFFICERS OF THE STATE ECLECTIC MEDICAL SOCIETY AND THE
ECLECTIC MEDICAL COLLEGES.

The undersigned, having been appointed by the Eclectic Medical Society of the State of New York a Committee of Conference upon the subject of holding a National Eclectic Medical Convention, have corresponded with the officers of the various State Eclectic Medical Societies with reference to the most suitable time and place of holding the Convention.

The general sentiment of the societies seems to be in favor of Chicago as the place of the first meeting, and the month of September, 1870, as the best time.

Now, in view of these facts, we submit the enclosed call for your approval and signature, also a basis of representation for the first meeting, which may be changed or modified, if thought best, after the organization. You may rest assured that the Committee have done everything in their power to obtain from the officers of the various societies a free expression of their views.

You will sign the enclosed call, and return the same at your earliest convenience to this office. As soon thereafter as practicable the announcement will be officially made.

We have the honor to be, sirs,

Very truly yours,

ROBERT S. NEWTON, M. D.

J. M. F. BROWNE, M. D.

P. A. MORROW, M. D.

CALL FOR A NATIONAL CONVENTION OF ECLECTIC AND REFORMED PHYSICIANS.

We, the undersigned officers of the several State Eclectic Medical Societies and Colleges of the United States, acting by the direction and with the approval of those societies and institutions, do hereby announce that a National Convention of Eclectic Physicians will assemble in the City of Chicago, Illinois, on Tuesday, the 27th day of September, 1870, and remain in session for three days. Each State Society of the New School of Medicine is authorized and requested to appoint six regular delegates and six delegates at large to such Convention; and each Eclectic Medical College two regular delegates and two delegates at large, as aforesaid. The purpose of this Convention

is to organize an Association which shall comprise all physicians of the New School on the Western continent.

ALEXANDER WILDER, M. D., *President.*

R. J. BURTON, M. D., *Vice-President.*

J. M. COMINS, M. D., *Recording Secretary.*

J. EDWIN DANELSON, M. D., *Corresponding Sec'y.*

*Officers of the Eclectic Medical Society
of the State of New York.*

JOHN PARKER, M. D., *President.*

STEPHEN C. LIBBY, M. D., *Vice-President.*

RICHARD MACE, M. D., *Secretary.*

*Officers of the Eclectic Medical Society
of the State of Maine.*

C. C. CLARK, M. D., *President.*

C. H. S. DAVIS, M. D., *Vice-President.*

N. D. HODGKINS, M. D., *Secretary.*

*Officers of the Eclectic Medical Society
of the State of Connecticut.*

L. ABBOTT, M. D., *President.*

H. D. PRUNK, M. D., *First Vice-President.*

L. FRAZEE, M. D., *Second Vice-President.*

J. T. RIDGEWAY, M. D., *Recording Secretary.*

H. LONG, M. D., *Corresponding Secretary.*

*Officers of the Eclectic Medical Society
of the State of Indiana.*

E. M. MOREHOUSE, M. D., *President.*

U. S. CULVER, M. D., *Secretary.*

A. T. ELLIOTT, M. D., *Secretary pro tem.*

*Officers of the Eclectic Medical Society
of the State of Minnesota.*

J. R. DUNCAN, M. D., *President.*

J. R. FOSTER, M. D., *Vice-President.*

A. H. GRIDLEY, M. D., *Secretary.*

*Officers of the Eclectic Medical Society
of the State of Iowa.*

A. J. FLAGG, M. D., *President.*

N. P. TAPLIN, M. D., *Vice-President.*

J. M. BISHOP, M. D., *Recording Secretary.*

W. C. CALE, M. D., *Corresponding Secretary.*

*Officers of the Eclectic Medical Society
of the State of New Hampshire.*

H. D. MORGAN, M. D., *President.*

H. W. HOUSER, M. D., *First Vice-President.*

L. C. WASHBURN, M. D., *Second Vice-President.*

W. H. DAVIS, M. D., *Recording Secretary.*

A. L. CLARK, M. D., *Corresponding Secretary.*

*Officers of the Eclectic Medical Society
of the State of Illinois.*

ALEXANDER WILDER, M. D., *Pres. Board of Trustees.*

ROBERT S. NEWTON, M. D., *President Faculty.*

PAUL W. ALLEN, M. D., *Secretary Faculty.*

*Officers of the Eclectic Medical College
of the City of New York.*

L. S. MAJOR, M. D., *President Board Trustees.*

A. L. CLARK, M. D., *President Faculty.*

G. C. CHRISTIAN, M. D., *Secretary Faculty.*

*Officers of the Bennett College of Eclectic
Medicine and Surgery.*

HOMŒOPATHIC FAIRNESS.

IN the winter of 1869 the writer, having been courteously invited to the entertainment given to the members of the Homœopathic State Medical Society, took occasion to indicate a fraternal relationship between them and the Eclectic School. He used this language:

"However humble the origin of this school of physicians, it has made progress, under the lead of such men as Morrow, Jones, Newton and Buchanan and their associates, not one whit behind its neighbors in the breadth of its knowledge, the thoroughness of its scientific attainments, the scope of its investigations, and I think I am warranted in adding the catholic liberality of its doctrines. Its chemists and pharmacutists have directed their attention to the indigenous flora of the American hemisphere, and astonished even the *savans* of civilized Europe with the multiplicity and the priceless value of their discoveries. You of the homœopathic school—and I do not feel myself quite distinct from your association and fellowship—have drawn

liberally upon them in the way of enriching your own *Materia Medica*. Thus the two have gone hand in hand in their walks of usefulness. This is gratifying: this is as it should be. The words of the patriarch, Jacob, are strikingly in analogy: "With my staff I passed over this river, and now I am become two bands." Your physicians and society are doing a mighty work. Every proving which you display widens the field of medical knowledge, and increases the power of the scientific practitioner. You have developed a power in the remedial agents which had not been supposed to exist, after bringing it forth when the agents had been regarded as inert. You have helped set the world a thinking, and the records of two hemispheres abound with testimonials of your merit. It is not possible now to charge you with being fanciful in your theories; the best intellects in the world are on your side. The higher the refinement and culture the stronger is the faith in the potency of reformed medicine; the more thoroughly men are instructed in the healing art and in hygiene the more powerful is the homœopathist, the eclectic, and, indeed, even the sensible and intelligent masses."

Although many homœopathists of the older sort find it by no means easy to adopt cordial sentiments toward those not affiliated with them, and indeed elect to procure their medicines from the old school category, sometimes to an injurious extent, there has been a strong disposition for the past ten years to test and employ the remedies discovered and adopted by the eclectic school. In the volume of transactions of the Homœopathic Medical Society for 1869 we find the following articles named:

Æsculus,
Apocynum,
Baptisia,
Caulophyllum,
Chimaphilla,
Cimicifuga,
Collinsonia,
Cornus,
Dioscorea,
Erigeron,
Eupatorium,
Gelseminum,

Hamamelis,
Hydrastis,
Iris,
Leptandra,
Phytolacca,
Podophyllum,
Rumex Crispus,
Sanguinaria,
Senecio,
Stillingia,
Trillium,
Veratrum Viride.

The virtues of these remedies, as established by the provings, were not materially different from those imputed by the American Dispensatory, and we suspect that the sizes of the doses were not unlike. Young homœopathists are not bigoted in relation to infinitesimal doses.

Apocynum was found to be especially specific for dropsy; baptisia for typhoid fever and dysentery; caulophyllum for female diseases and rheumatism; cimicifuga for rheumatism, spinal disease, cerebro-spinal-meningitis; dioscorea for an anomalous disease of the adominal organs not described; erigeron for hemorrhage; hydrastis for cancers, catarrh, and affections of the mucous membrane; phytolacca for rheumatism and diphtheria; veratrum for its power over the action of the heart, also in pneumonia, remittent and bilious fevers.

These are encouraging evidences that liberality of feeling and better knowledge are producing their legitimate results. The beneficial influence is diffusing itself still further, and it will probably require a more stringent application of that device of inquisitorial malignity, "the code of medical ethics," to prevent the light from shining even into the dark ages of the old school—a darkness which comprehendeth it not.

BROWN'S ACUPUNCTURATOR.

WE would call the attention of our readers to the fact that the well-known house of B. O. and G. C. Wilson, Wholesale Botanic Druggists, 20 Centre Street, Boston, are the New England Agents for this instrument, and also for Brown's Gum Elastic Bandage, for the treatment of varicose, phlegmatic and other preternatural enlargements. Physicians who have used these inventions of Dr. Brown have found them a very important addition to their means of cure, and in many cases invaluable.

NEWS AND MISCELLANY.

ANNUAL MEETING OF THE ILLINOIS STATE ECLECTIC MEDICAL SOCIETY.

MORNING SESSION.

THE Second Annual Convention of the Illinois State Eclectic Society convened in the Senate Chamber, at Springfield, June 1, 1870, at 10 o'clock A. M., pursuant to adjournment. The meeting was called to order by the President, Dr. H. Wohlgenuth. Petitions for membership were presented and referred to Committee on Credentials.

Dr. Davis, from the Committee on Legislation, reported that, in consequence of there having been no session of the Legislature since the last Convention, no action had yet been taken in the matter.

The President submitted the By-Laws and amended Constitution for the Society, which were referred to Committee on Constitution.

On motion, the following gentlemen were appointed Committee on Constitution: Drs. Clark, Whitford and Mallory.

The following committee was appointed to present names for officers of the Society: Dr. Bennett, Dr. Mallory, Dr. Whitford, Dr. Lewis, Dr. A. L. Clark, with instructions to report as early as possible.

Prof. Whitford, of Chicago, delivered a few very interesting and instructive remarks on typhoid fever, treating the subject in a masterly manner.

Prof. Garrison said that no diet that could be presented for the sick was superior to milk—it enters the system almost without digestion. It had been brought to his notice that smallpox patients had been treated successfully on new milk and nothing else.

At the conclusion of these remarks the Society adjourned until half past one o'clock.

AFTERNOON SESSION.

The Convention met at 2 o'clock.

The following petitions for membership were received and accepted: Drs. F. P. Artle, M. S. Mestetter and E. P. Crispswell.

The Nominating Committee having reported, the Society proceeded to the election, whereupon the following officers were elected for the ensuing year:

President—Dr. D. H. Morgan, of Russellville.

Vice-Presidents—Dr. W. W. Houser, of Lincoln, and Dr. L. C. Washburn, of Delhi.

Corresponding Secretary—Prof. A. L. Clark, of Chicago.

Recording Secretary—W. H. Davis, Springfield.

Treasurer—Dr. Wohlgemuth, Springfield.

Which election, on motion, was made unanimous.

Dr. W. W. Houser, late Treasurer, tendered his report. Received and adopted.

Dr. Clark, from Committee on Constitution, offered a Constitution and By-Laws, which were unanimously adopted.

Prof. Clark, being called upon, made some remarks on Ovarian Dropsy.

The question on location for the next Convention was taken up, and Springfield was decided upon.

Dr. Wohlgemuth offered a series of resolutions, favoring attendance at the National Convention of Eclectic Physicians, to be held at Chicago in September, and providing for the appointment of six delegates to said Convention, which were adopted; and the Convention adjourned until 8 o'clock this evening.

EVENING SESSION.

Prof. Garrison, of Chicago, delivered an interesting address, which was listened to with attention by all present.

SECOND DAY'S PROCEEDINGS.

MORNING SESSION.

The Society met at half past eight o'clock, President Morgan in the chair.

On motion of Dr. Garrison the following gentlemen were elected a Board of Censors : Drs. Houser, J. B. Lewis and Whitfield.

The President announced the appointment of the following delegates and alternates to the National Convention, at Chicago, in September next :

Delegates—Dr. H. Wohlgemuth, Dr. J. B. Lewis, Prof. H. D. Garrison, Dr. R. F. Bennett, Dr. W. R. Smith, Dr. L. C. Washburn.

Alternates—Dr. W. A. Davis, Dr. J. H. Buecking, Prof. A. L. Clark, Dr. Geo. Kirkpatrick, Dr. S. F. Wehr, Dr. W. W. Houser.

The following committees were also appointed :

Credentials—Prof. H. D. Garrison, F. B. Antle and A. B. Simmons.

Printing and Publishing—Drs. W. H. Davis, T. C. Washburn and Prof. Gunn.

Finance and Claims—Prof. Whitford, Drs. W. A. Mallory and T. J. Cox.

On motion of Prof. H. D. Garrison, Dr. Gunn, of Chicago, was selected to deliver the Annual Address at the next Convention, in this city.

The President appointed Profs. Clark and Garrison, and Dr. Mallory, to deliver the essays before the next annual meeting.

Dr. Mallory read the Annual Address. Subject : "Specific Medication." The Address was clearly and forcibly written, abounding in good ideas, well expressed, and many valuable suggestions as to the effect of specific medication.

Dr. Wehr reported a case, proceeding from the excessive use of morphine, showing its fearful hold upon a patient under his charge.

The following resolution was adopted :

Resolved, That we deeply regret that criminal abortion is practiced by some physicians, and this Society will not have fellowship with any member thereof committing the same.

At 12 o'clock adjourned until 2 P. M.

AFTERNOON SESSION.

The Convention met at 2 o'clock.

A resolution that the officers of the Society shall be lay delegates to the National Medical Convention was adopted.

A vote of thanks to the editors of all papers and journals publishing the proceedings of the Convention was adopted.

After the interchange of kindly feelings and sentiments, on motion of Dr. Wohlgemuth, at 3 o'clock, the Illinois Eclectic Medical Society adjourned until the first Wednesday in June, 1871.

ANNUAL MEETING OF THE STATE CONVENTION,—ECLECTIC MEDICAL ASSOCIATION OF OHIO.

The following is a brief abstract of the proceedings :

The sixth annual meeting of this Association was held in Hamilton, on Wednesday, May 25th, and was one of the most interesting and pleasant meetings since the organization of the Society. The attendance was quite large (28), and the membership of the Association was increased by ten physicians, who were received in due form.

After organization and reading of minutes several committees were appointed. The Committee on Nomination of officers reported as follows, the report being adopted :

President—A. Potter, M. D., of Springfield.

Vice-Presidents—D. W. McCarty, M. D., of Cincinnati, and J. M. Dickey, M. D., of Upshur.

Recording Secretary—J. P. Marvin, M. D., of Cincinnati.

Corresponding Secretary—T. S. Garwood, M. D., of Springfield.

Treasurer—Prof. J. M. Scudder, of Cincinnati.

The Committee on next place of meeting reported in favor of Cincinnati. This report elicited considerable discussion, and the majority of the members, considering that the best interest of the Society demanded that the next meeting should be held in a more central location, changing the place to Columbus.

A list of essayists was appointed, and the following subjects proposed for discussion at the next annual meeting, viz : Specific Medication ; Hypodermic Medication ; Cathartics ; Anodynes.

The retiring President, Dr. S. H. Potter, delivered the Annual Address, which was a comprehensive and interesting paper, and valuable essays were read by Prof. Freeman on Necrosis ; Dr. T. J. Wright on Pathology of Hip-Joint diseases, and Dr. W. M. Ingalls on Uterine Hemorrhage.

The Chairman of the Committee on the Progress of Pharmacy made a verbal report, reviewing pharmaceutical matters of the last few years. Dr. T. L. A. Greve was nominated to report on Pharmacy at the next meeting.

Discussions on various medical topics were participated in by members, the discussion at times being very lively. The utmost good feeling prevailed, and all enjoyed themselves so well that they separated with a determination to meet again at Columbus in 1871.

J. P. MARVIN, M. D., *Secretary*.

STATE ECLECTIC MEDICAL SOCIETY OF MISSOURI.

PURSUANT to notice given in the E. M. Journal of Cincinnati, Ohio, a number of Eclectic physicians met at the office of Dr. Wm. Hilton, of Chillicothe, Mo., and a permanent organization effected by adopting a Constitution and code of By-Laws, and electing the following officers for the ensuing year :

President—James E. Calloway, M. D., of Ravenna, Mo.

Vice-President—Jas. S. Weaver, M. D., of Chillicothe.

Recording Secretary—W. M. Gates, M. D., of Kirksville.

Corresponding Secretary—J. P. Dice, M. D., Colomo.

Treasurer—Owen W. Avery, M. D., Queen City.

Censors—T. R. Dice, of Dawn; S. V. Stoller, of Hamilton, and S. L. Reefy, of Lineas, M. D.'s, were elected.

Drs. Gates Avery and Reefy were appointed a Literary Committee, and authorized to convene at some convenient time and place to revise Constitution and By-Laws, and transact such other business as they may deem proper for the interest of the Society.

Drs. Stoller and Reefy were appointed to deliver each an address before the Society, at its next meeting, on the science of Medicine or Surgery.

Others were appointed to read essays. Several subjects of interest to the profession were discussed, and important cases reported. Society adjourned to meet at eight o'clock P. M.

Society met pursuant to adjournment. Several cases of importance reported, and an exchange of opinions freely given. Adjourned to meet at eight o'clock A. M., June 9th.

Society met pursuant to adjournment. Resolution passed unanimously that this Society extend a cordial invitation to physicians of every school entertaining liberal views of medicine to meet with us at our Conventions, and especially all Eclectics are requested to attend promptly.

On motion of Dr. Gates, Society adjourned to meet at Macon City, Mo., the first Wednesday in June, 1871, at ten o'clock A. M.

JAMES E. CALLOWAY, *President*.

W. M. GATES, *Secretary*.

USE OF HYDRATE OF CHLORAL FOR THE RELIEF OF PAIN IN CANCER. —Mr. F. E. Clarke extols (*Lancet*, April 16, 1870) chloral as a palliative in malignant disease. He regards it as the best palliative in cancer for alleviating pain, and by its beneficial effects it enables the constitution to hold out longer against the ravages of the disease, and "thereby afforded a much greater chance of spontaneous cure, rare instances of which occur by the sloughing of the entire mass."

Mr. WEEDEN COOKE, Surgeon to the Cancer Hospital, also bears strong testimony (*Lancet*, April 30, 1870) to the value of chloral for the relief of pain in cancer, and its superiority over other means hitherto employed for that purpose. As a night draught he has found twenty grains quite sufficient, but when the pain is persistent, ten-grain doses three times a day give the greatest satisfaction. There is no headache, no sickness, no loss of appetite, nothing to hinder the patient taking exercise, and, so far as the disease will permit, pursuing his usual avocation.

Dr. C. C. COOKE states (*Lancet*, March 19, 1870) that a patient of his, suffering from cancer of uterus, has found more relief from pain, and obtained more sleep since taking chloral, than she had done from any other remedy.

CHLORAL FOR THE RELIEF OF THE SEVERE PAIN OF BURNS.—M. Marjolin stated to the Imperial Society of Surgery that he had administered the hydrate of chloral internally to relieve the severe pain from burns, and with complete relief to the patient. When the chloral is vomited he gives it by injection per rectum, in the dose 0.50 centigrammes.—*L'Union Médicale*, May 19, 1870.

HYDRATE OF CHLORAL FOR THE RELIEF OF THE PAIN FROM SURGICAL INJURIES.—According to the experience of the surgeons of the Royal Infirmary, Edinburgh, "In many surgical injuries, when great pain is experienced, it is generally the means, in doses of thirty or forty grains, of diminishing the suffering without of necessity causing hypnotism; but if the dose is increased sleep is produced. After severe accidents or capital operations similar beneficial results, in most instances, follow its administration."—*Brit. Med. Journal*, April 30, 1870.

SYPHILITIC INFECTION BY AN INFANT—Under the care of Dr. C. Drysdale, Metropolitan Free Hospital.—"E. C., aged fifty-three, a married woman, has had sixteen children, all healthy. She has (January 18th, 1870) several syphilitic patches on her tongue, and a large patch of psoriasis on the anterior part of the right leg. This patient makes the following statement: 'Two years and eight months ago my throat became sore, just about the time I had taken charge of neighbor's child, which was covered with spots, and had the snuffles. I fed it with a bottle, which I often used to suck at myself, in order to see if it drew well. I have sometimes seen my daughter give the child her breast to quiet it; her nipple became sore after it, and an infant of her own, which she was suckling, broke out in spots about two months afterwards, as did also my daughter, whose eyes likewise became red and sore. The child died of measles when three years old. My daughter had a second child, which came out in spots, and had sore eyes, and died at the age of nine months.'"—*Lancet*.—*Dental Cosmos*.

THE CAUSE OF LEFT-HANDEDNESS.—We find the following item in the *Independent*. It would be well worth while for our anatomists to record their observations on this point: "The cause of right and left-handedness is generally anatomical. Prof. Hyrtl says that in two cases out of 100 the left subclavian artery has its origin before the right, and in these cases complete left-handedness exists. The blood is ordinarily sent with more force, according to Prof. Hyrtl, through the right than through the left subclavian artery, thus nourishing the muscles of the right arm more fully. In the rare cases where the internal organs are transposed, the heart being on the right side, there is also left-handedness.

SALIVATION DURING PREGNANCY.—Charles Williams, F.R.C.S., states (*Lancet*): "A woman in the Norfolk and Norwich Hospital, under the care of the late Dr. Ranking, secreted four pints of saliva in twenty-four hours. Every known remedy was tried locally and generally without effect. It ceased the day after her confinement."

ANÆSTHETICS—THEIR RELATIVE SAFETY.—From a careful examination of the statistics of 209,893 cases, Prof. E. Andrews gives, in the *Chicago Medical Examiner*, the following estimate of the relative danger from different anæsthetics :

Sul. Ether.....	1 death to	23,204 administrations.
Chloroform.....	1 " "	2,723 "
Mixed Chloroform and Ether.	1 " "	5,588 "
Bichloride of Methylene.....	1 " "	7,000 "
Nitrous Oxide.....	No deaths in	75,000 "

—*Dental Cosmos*.

DEATH FROM CHLORAL.—The Paris correspondent of the *Chemist and Druggist* writes that "chloral is still in great favor with the Parisian doctors. The amount used is very considerable, as tolerably large doses are given, varying from half to three and even four grammes. This last, however, repeated three times during the night, effected the death of the patient—an argument in favor of its cumulative action."—*Ibid*.

STRYCHNINE AS AN ANTIDOTE OF CHLORAL.—Liebreich, having discovered the therapeutical effect of chloral, has looked for and found the antidote of this power agent. From experiments he has instituted it appears that strychnine, administered after a too large dose of chloral, cuts short and removes the effects of the latter, and this without producing its peculiar injurious action. Hence he proposes to avail himself of injections of nitrate of strychnia as an antidote in symptoms produced by an overdose of chloral or of chloroform.—*Med. Press and Circular*.—*Ibid*.

A QUEER CASE OF POISONING.—War against dogs having been duly declared in Chicago, the policemen were supplied with little pellets of raw beef, with a few grains of *strychnia* enclosed in each. These, in the slang dialect of the police, came to be known as "lunch." A new member of the force, probably from the rural districts, took this term in its literal sense, and waxing hungry in the course of his nocturnal rounds, refreshed himself with several of the official pellets. Feeling symptoms of colic soon after, he resorted to the standard prescription of brandy and peppermint, but as it "instantly didn't do no good," he called in the doctor, who pronounced the disease "apoplexy of the bowels." Fortunately, however, the patient happened to remark that he "felt bully before eating that lunch." This led to an inquiry into the nature of the lunch and a better understanding of the case, and the man is now likely to recover.—*Boston Journal of Chemistry*.

AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

SEPTEMBER, 1870.

No. 3.

ORIGINAL COMMUNICATIONS.

THE PELVIS, AS RELATED TO DRESS.

BY GEO. H. TAYLOR, M. D.

THE regular, habitual, reciprocating motions of respiration communicated to the abdomen and extending to the pelvis have been shown, in previous numbers of the REVIEW, to be necessary conditions of health of these parts. There can be no doubt but that the *failure* of such motion to reach the lower portion of the trunk in due degree, is itself a pathological condition; but its ulterior consequences, as affecting the contents of the pelvis, are of gravest interest.

The above described motions, and their effects on the pelvis, are diminished, and even suspended, in disease of this region. The inference is direct, that if, from *any* cause, as, for instance, external resistance, the motion described be repressed, disease commences from that moment, even though it be so inconsiderable as to escape recognition. If the external resistance be continuous, an abridgement of the extent of motion, at the particular region of the chest to which it is made, *must* be the consequence, proportional to its degree. The repression at one portion of the chest is probably, in good part, compensated for by increased action of *other* portions, at least for a limited

period. For example, if resistance to respiratory motion be supplied at the circumference of the diaphragm, the effect is to abridge, perhaps to extinguish, the oscillating respiratory motion of that portion of the chest subjected to the pressure, while the motions of the *upper* portion of the chest, as indicated by the movements of the shoulders, may be slightly *increased*.

But such restriction at the diaphragm diminishes or altogether prevents the *extension* of the respiratory motion downwards to the abdomen and pelvis. This is because the naturally strongest and most active muscles are above it, and because the piston-like function of the diaphragm, or its perpendicular reciprocating motion, is quite suppressed. It is this movement of the diaphragm which, acting through the visceral mass, stimulates the abdominal muscles to their proper action. To this effect must be added the fact that the gravitation of the whole abdominal mass, no longer sustained by its proper respiratory supports, greatly increases the resistance against which the abdominal muscles must act, and proportionally diminishes the effectiveness of their action. These muscles hence become lax, weak, and of slight physiological account.

But the circumferential pressure will also have the desired and direct effect of *increasing* the abdominal weight, and of driving their contents in a downward direction.

This effect may be well illustrated by means of a common toy. If a thin rubber capsule, containing air, be pressed between the thumb and finger, it will be seen that the part most distant from the pressure becomes most distended and thinned; and if the pressure be increased, the rupture occurs at either or both ends. The mechanical direction of pressure at the central portion of the body is manifestly similar, and its greatest effect will consequently be the cavity of the pelvis. The indirect effect on the health of the pelvic organs of repressed and deficient respiration should also be considered. This effect extends throughout the system, and is shown in diminished nutrition of the muscular system, in imperfect digestion and deteriorated general health—all of which conditions react upon the most important and sensitive centre under consideration.

There is abundant reason for believing that the *repressive in-*

fluence of dress is responsible for much mischief to the pelvic organs in the manner above stated. Garments too tightly fitting, and arranged for continuous and uniform pressure, can hardly fail to aggravate the diseased condition when already existing, and, joined with other circumstances or alone, are peculiarly favorable for the production of all those diseases affecting the contents of the pelvis. It must be confessed, however, that it is difficult to isolate and establish the effect of this cause in a particular instance. The influence of dress is one whose effect constantly changes, not only with the variations of the external cause but also with varying internal conditions and the general strength. One may stagger under a burthen at one time which it might be easy at other times to bear. The estimate of the influence in question must, therefore, be wholly made from a rational point of view. The opinions of the invalid, with reference to the effect of attire, are quite unreliable; and, were we to credit her statements, we should believe that the make and fit of garments, in any individual case, has no influence whatever. In response to our inquiries she affirms *her* dress to be *very loose*, and not in the least to impede the motions of respiration. A triumphant exhibit of sufficient space between the outer and inner garment to insert the hand confirms these affirmations, and impertinent medical cavillers are compelled to silence.

Women, and especially girls, are self-deceived, rather than deceiving, in this matter of fit of garments. Such demonstrations of breathing space are generally unconsciously made during the *expiratory interval*, and the expiration may, unwittingly, be slightly exaggerated, the more certainly to win the point. If required to show the respiratory space at the *inspiring interval*, the result would be more instructive but less gratifying to such as really desire to fulfil physiological requirements in this regard.

Women should bear in mind that it is not the absolute size of the chest but *the extent of its motion* that determines the degree of effect on the pelvic contents here referred to. It is the *fixedness* of the walls of the chest that is deprecated. The communication of motion to the lowermost portion of the

trunk always requires cultivation, in order duly to maintain, as well as to restore, the health of the pelvic viscera.

We have a right to call in question the qualifications of women suffering any form of pelvic disease for judging of the physiological propriety of garments. The motions of respiration in this class are but feebly communicated, if at all, to the inferior portion of the trunk, and even the compression of tight garments can but little impede the motion, which scarcely exists, and their influence in the pelvic region is at a minimum.

All attempts at natural and deep *voluntary* respiration in such subjects speedily become wearisome, and are soon abandoned. The *will-power* is insufficient to overcome the impediments to brisk respiration for more than a few moments, and the abdominal walls resume their usual motionless condition after such special efforts.

Physiology teaches that so important a function as respiratory motion is not entrusted to the possible caprices of the volitions. These motions need to be performed as well when we sleep as when we wake, and under all circumstances. Even the *variations* required of this function are under another control than that of the will. When more oxygen than usual is demanded, as under exposure, or increased muscular activity and work, respiration *involuntarily* becomes more profound, in exact proportion to their natural or artificial needs, without our knowledge or even notice.

It hence appears that the application of these principles to improve the health of the abdominal and pelvic region cannot be made through any *direct* interference of the attention and will. Direct efforts to expand the chest and elevate the diaphragm are exhausting and useless. The object is secured only by systematic cultivation of the muscles upon which these duties devolve. It must first be ascertained that there are no exterior impediments, and then the abdominal and thoracic muscles can be subjected to all the various motions of which they are capable, both passively and actively, always having regard to their effect on the nervous system.

In proportion as these muscles become hard and strong is the innervation also regulated and strengthened, and each part

generally assumes its proper duties. Respiration takes the abdominal form, in distinction from the *breast-heaving* process it had been, and the liability to hyperæmia of the pelvic contents and its grave derivative consequence is dispelled, digestion is invigorated, the return circulation is aided, the arterial flow assisted, congestion removed, the contents of the pelvis mechanically sustained, and the health of these parts assured beyond peradventure.

It is plain that in proportion as the habits of females are sedentary will be the amount of disadvantage arising from compression caused by garments. In fact, a serious degree of compression is quite incompatible with active habits. It is the sedentary class of women on whom the insidious effect of repression more particularly falls, and who need to be warned of the source of the injury which they so fully experience but so little suspect.

STUDIES UPON A FORBIDDEN TOPIC.

BY ALEXANDER WILDER, M. D.

PHYSIOLOGY is the science which treats of the physical functions in their normal condition ; pathology relates to them when they are diseased. It is usual, in fashionable books upon the former science, to expound what may be known concerning the brain, the muscles, the thorax and abdominal viscera, the nerves and glandular system, but to leave out the information which is most coveted and needed. Such knowledge, it is said, is only fit for professional works, and not suitable for popular reading. Accordingly, children are left untaught ; adolescents perceive themselves subject to marvellous phenomena, of which only the unworthy venture to instruct them ; and men and women assume the relation of husband and wife as lawless and as ignorant as the veriest savage, with a prospect in store of a shortened and an embittered life. This is the great cause of degeneracy among civilized peoples, and of the early decay of women. Whoever ventures to tell them better does so at the risk of being scouted as immodest, and considered perhaps as one who would profane

the very mysteries of the temple where the Shekinah is manifest.

We have little reverence for modesty of this character. The principal deference which we pay to it is from a feeling of tenderness toward honest souls, who have not yet learned to appreciate the freedom which is conferred by the knowledge of true manhood and womanhood. We would impede no one, but we scorn that prurient modesty which is so eager to make one an offender for a word, while misery reigns on every hand from ignorance of the laws of our physical being.

Health is a condition of body maintained only by conforming to physiological law—it is a state of equilibrium between excess and privation. In no particular is this equilibrium more essential than in the exercise of those functions which pertain to the sexual organization. We purpose, therefore, to consider this feature of the subject—not being ashamed of anything that God was not ashamed of creating, yet, at the same time, treating of the matter in no irreverent temper. Sex is sacred as life; and its behests require as vigilant and abundant attention as those of the appetite for food or the impulse of worship. We would deprecate the trampling down of social order on the one hand and the establishment of unnatural restriction on the other.

In tracing the functions of each organ we quickly perceive that the Creator acted according to a purpose, leaving nothing to chance. The impulse upon each organ to act is a law of nature, and cannot be obstructed or excited into abnormal activity without doing violence to the organ thus restrained or stimulated. In treating of this subject, therefore, a moralist should be intelligent, or he will place himself at variance with physiological law. It is useless to enact and criminal to enforce regulations which are thus at variance. No wise man will lecture the hungry upon the duty of fasting. All the organs require development, nourishment and exercise alike; and privation is a violence which nature is sure to resent and punish.

We will not dilate on the evils of luxury and excess; they are witnessed on every hand in the loss of stamina, the enfeebling of body and mind, the inducing of numerous and loathsome diseases. Probably many of the disorders attributed to climate, to diet, to consanguineous parentage, are but the consequences

of such excess. But this is a subject that many writers are fond of handling, and it may therefore be omitted from our disquisition. We will direct our attention to the other extreme, as being equally abnormal, suicidal and immoral.

It is bad logic which cites such abuses for argument that it is virtue to omit all exercise of the badly-treated functions. Such reasoning, we are aware, has been common in all countries among all people, in all ages and in all religions. Persia, India, Judea and prehistorical America, Magians, Brahmins, Buddhists, Essenes, Pythagoreans, Gnostics and Neo-Platonists have concurred in inculcating sexual abstinence as the chief good.

The Manicheans and Albigenses taught that the world and all creatures were formed by the great Potentate of Evil, and that salvation was attainable by asceticism, rejecting the attractions and delights of material existence, especially those involving the exercise of the sexual functions. Lamaland always has abounded with monks and nuns, and the earlier Christian Church, borrowing its notions of evil and of the origin of evil, placed marriage in the catalogue of negative goods, and even went so far as to treat of the washing of the body in terms as odious as familiarity with persons of the other sex. Basil, of Cesarea, chided women for undressing at the toilette, lest angels, as of old, should be seduced by their charms; and Cyprian, of Carthage, declared that bathing made filthy the souls of the nuns. Exemplary saints appear to have been always very dirty the world over.

We acknowledge that we have little patience with ascetic notions. They appear to us very stupid at the best, and wholly unworthy of sensible persons. We despise the blasphemous sneer of the late President of Kenyon College, just turned Roman Catholic, who quoted Erasmus to sustain his assertion that all which the Reformation achieved was permission for monks and nuns to marry. We include Shakers, Rappists and minor ascetics in the same category. We utterly discard that pietism or fanaticism which inculcates any violence to the body under the pretext of benefit to the soul.

Many teachers have indicated absolute continence between the sexes as always wholesome, and perhaps a moral duty. We also

deprecate that mode of training, now too popular, by which adolescent boys and girls are precociously hurried into the development of sexual feeling. The pernicious associations which they form, the novels which they read, the clothing which they wear, the social customs which exist, all tend to this; making youths as *blasé* as adults, producing disease and debility, and winding up with premature decay of the powers and functions of manhood and womanhood.

We go no further. It is useless to say, in defence of total continence, that thousands have led a life of celibacy without injury to themselves. It is not true. There is no impunity for thus trifling with our instincts. Nature asserts herself, whether in the convent, or in the monastery, or elsewhere; she treads down every arbitrary restriction which men may seek and impose, and punishes the violence upon the violator. Hysteria, epilepsy, insanity, hypochondria, nymphomania, amenorrhœa, chlorosis, dysmenorrhœa, leucorrhœa, headaches, backaches, spasms, convulsions, premature decay, are familiar complaints among celibates. Debility, impatience, fretfulness, ill temper, which generally shut out sympathy of others, are common with the unmarried.

Doctor Maudsley, in his third lecture at the College of Physicians, makes the following assertion:

“Sexual hallucinations, betraying an ovarian or uterine excitement, might almost be described as the characteristic feature of the insanity of old maids, the false visions of unreal indulgence being engendered, probably, in the same way as visions of banquets occur in the dreams of starving persons, or as visions of cooling streams to one who is perishing of thirst. It seems to be the fact that, although women bear sexual excesses better than men, they suffer more than men do from the entire deprivation of sexual intercourse.”

The celebrated Ninon de L'Enclos, in one of her letters, also made a similar statement, declaring that women have a physical necessity for love.

The philosopher Plato, in the *Timæus*, lxxii, ascribes to Socrates the following statement: The masculine impulse, becoming impatient of restraint and imperious, is eager to exercise su-

premacy. The same is the case with the wombs and organs connected with them in women, which form, so to speak, a distinct being, instinctively desirous of fecundation. This impulse, when it remains without fruit beyond the proper time, becomes restive and indignant, and, moving in every direction throughout the body, it obstructs the passage of the breath and throws women into extreme disturbance, causing all varieties of diseases.

Hippocrates and Galen concur in the same declaration; and Valescus, Forestus, Fernal Riviere, Hoffman and others, attribute hysteria to this cause. Burdach, in his work entitled *Traité de Physiologie*, asserts that entire abstinence from sexual pleasure does more injury to the entire female organism than to that of men; that unmarried women are frequently attacked by disturbances of the menses, chlorosis and leucorrhœa: and they also have a great propensity to melancholy, and are subject to attacks of various grave maladies.

It is unquestionably true that men are equal sufferers from the like cause. The French writer, Michelet, asserts that with the man the centre of sensibility is the stomach, and with woman the womb, and perhaps is correct, as the benign influences of good feeding seem to demonstrate in the case of most men. But the masculine sex is no exception to the penalty of mental and pathological disturbance resulting from abnormal continence. Men have presented unmistakable symptoms of hysteria, although the name indicates it to be a woman's disease; of hypochondria, and other ailments indicative of the disturbance of the nervous system. The intellectual faculties have suffered and prematurely perished; the force of character has withered like the right hand of King Jeroboam. To this cause has been attributed the peculiar sufferings of the poet, William Cooper, and the eccentric, half-insane conduct of Swift, Pope and others. Phthisis has been simulated and even induced, and a long array of diseases can be enumerated, for all which this irritating cause is responsible.

Many writers do not hesitate to attribute these evils to masturbation, a practice carrying a load of accountability as heavy as the burden on the shoulders of John Bunyan's pilgrim. It is indeed a practice to be deprecated, resisted, and as far as possible extirpated; but it is not, as they seem to indicate, the guilty cause of all these woes.

Some professed physiologists remind us that the same forces which are employed in the exercise of the sexual function may act vicariously, and obtain relief by some manual or intellectual labor. Sir Isaac Newton has often been cited as an example, although he was erratic on the subject of biblical exegesis. We are indisposed to argument in this direction, believing as we do that the normal recourse in the case is found only in conjugal life.

We deprecate heartily the notion that sexual ideas are not modest, and that the sexual relation is deteriorating to the spiritual and moral nature. In our view, the affections constitute the entity of the life itself, and their normal exercise is essential to health and is the condition on which we enjoy the blessings of existence. There is a golden medium between degrading sensuality on the one hand and monkish asceticism on the other, with all their mischiefs. The all-wise Creator had a design in this matter, and our compliance with the behests of this function is essential to the furtherance of his plans. There is no virtue, no genuine morality, no "pure and undefiled religion" in going counter to them. The law of God in this matter is written in our nature, and it behooves us, as true men and women, to yield to it a reverent and intelligent obedience, mindful of the suggestion of the old Chaldean, that God called the twofold unit the male and female Adam, or Man, in the day when he so created them in His image, and so formed them in the very likeness of the Divine.

Having written thus plainly, we conclude by expressing our entire concurrence with the sentiment of the great philosopher Jamblichus, in relation to imparting knowledge to the impure and unworthy: "He who pours water into the muddy well does but disturb the mud."—(*De Vita Pythagoræ*.)

THE FACTORS OF LIFE.

No. 2.

BY S. H. POTTER, M. D.

FOOD, composed of the components carbon, oxygen, hydrogen and nitrogen, is required for the support of life. The vital

force appropriates the several elements to the different structures, building up each in its own peculiar form. The bones require phosphate, carbonate and fluoate of lime; the blood, chloride of sodium and iron; the muscles, potash; the bile, sulphur; the nerves, phosphorus; the saliva, cyanogen; the teeth, nails and hair, silica. The food which is deficient in these essential elements is insufficient, and may become a source of disease. Armies and navies have been decimated when there was a full supply of beef, before modern science demonstrated that there was required also a proper amount of vegetable diet. Children have been sacrificed by restriction to a diet of corn starch and arrow-root when suffering from bowel complaints incident to dentition.

Our food should contain every element, including the minerals, which enter into and compose the structure of our bodies, to assure the continuance of vigorous corporeal health and the unclouded action of well balanced intellectual and moral powers. "A sound mind in a sound body" was Plato's rule, and it has been confirmed by modern science. Nor is the proper quantity, taken at suitable intervals, and thoroughly masticated, of less importance to perfect health than the quality of the food we eat.

The strength and vitality of the sick should be carefully maintained by suitable diet, in all forms of disease, to assure early convalescence and prevent the evil consequences of the impoverishment of the vital fluid. This precaution is of vast importance in all the low forms of disease. Thousands have been starved to death who would have recovered if proper care had been used in attention to nourishing diet. Many nutritious articles of food require very little digestion—are readily absorbed and conveyed into the blood—as milk, cream, beef tea or soup, raw eggs and oysters, glycerine, etc. We must not forget that the vital force, if sustained, will do more to throw off the poison which causes disease than can be done by medicine. This assertion may appear to border on medical scepticism, but it has been abundantly demonstrated. Thousands of test cases recently were treated in the hospitals of England and Continental Europe with diet and nursing exclusively, not a particle of medicine being employed—there was a mortality of only one to five

per cent. These cases included acute inflammations of all the vital organs, also endemic, epidemic, typhoid and typhus fevers.

Thirty-five years ago it was the leading idea to starve out that supposed agent of mischief called disease, while endeavoring to hasten its departure, by blood-letting, salivation and a large amount of medication, without allowing even a drop of water to cool the tongue of the person tormented. Under this "regular" treatment diseases were aggravated and protracted; patients had to be carefully watched by the nurse, with brandy at hand, when the fever was expected "to turn," to prevent immediate dissolution. This course resulted in a mortality of thirty to forty per cent., and in the severer forms of maladies it was often much greater. I can remember instances of whole families destroyed and large settlements decimated. Many other living witnesses can also testify to the same thing. Thanks to modern independent thinkers and bold reformers this system of treatment has been revolutionized, although there is yet to be found old fossils who will "do as their fathers did."

The object of this article is to urge our profession to rely chiefly on carefully sustaining the sick; watching through what emunctories nature seeks to throw off the noxious elements, and to assist promptly with appropriate medicines in mitigating suffering and hastening recovery. This is a grateful labor, upon which we may look back with pleasure and satisfaction. Every physician should become acquainted with *dietetics*—the relative amount of nourishment of each alimentary substance, and the readiness of digestion. We should be careful to furnish the *food* in all cases which will supply ample material for good blood, without exciting or disturbing the digestive apparatus.

In conclusion, the reader will allow me to ask an important question. In what proper sense is alcohol *food*? In all the family of ardent spirits—the many kinds of wine and various forms of malt liquors—in any of these modified forms is alcohol in any just sense proper diet? Does man fatten and appear natural by its use as a beverage? Does it ever retard the decomposition of tissues? Should alcohol in any form be ever used, except carefully and very sparingly, and legitimately as a medicine? Does it not often originate and always aggravate

disease? Let us see to it that we do not *originate* or encourage intemperance by prescriptions, and that the full weight of our salutary influence and example unitedly oppose the wide-spread and increasing evil of intemperance. When we reflect upon the indiscriminate way in which the great mass of people are in the habit of bolting their food, at all hours, and knowing how that food is adulterated, and how abominably it is cooked; when we think of the gallons of tepid, enervating liquids swallowed, and the annual consumption of alcohol and tobacco in our land, we can readily appreciate the importance of this subject.

HAMILTON, OHIO, August 7, 1870.

DYSMENORRHŒA.

BY J. MORRISON, M. D., M. A.

Member of the College of Physicians and Surgeons, Ontario; Honorary Member of the Eclectic Medical Society of the City of New York.

WHEN the uterus and its appendages are in a perfectly normal condition the function of menstruation is performed without producing any uneasiness, except that of a sense of fulness in the pelvis, and general lethargy, with occasionally slight pains in the back and loins. But when a morbid state exists in these organs menstruation often becomes exceedingly painful, and, in some cases, simulates the pains of labor. This affection receives the name of dysmenorrhœa, a term derived from the Greek, *δυσ* difficult, *μην* a month, and *ρῆω* I flow. It occurs in both the married and the single, and very frequently degenerates, after a long period of suffering, into very serious if not malignant affections. Sterility is the most frequent result; but after the cessation of the menstrual function, uterine polypi, uterine hydatids and carcinoma uteri very often make their appearance in women who have, for a long period, suffered from dysmenorrhœa.

Pathology.—A morbid sensitiveness of the nerves supplying the uterus, the ovaries and adjacent serous or areolar tissues, and obstructions impeding the flow of blood from the uterus—such as stricture of the cervix uteri or of the vagina—are the chief pathological phenomena found in the disease.

Varieties.—Dysmenorrhœa has been divided into the following varieties, viz. :

1st. Congestive ; 2d. Neuralgic ; 3d. Obstructive, and 4th Inflammatory.

As these forms differ considerably from one another, and as a uniform plan of treatment does not prove successful, it will be necessary to consider briefly the diagnosis of each.

CONGESTIVE DYSMENORRHŒA.

This variety always occurs in the plethoric, or in those who are, according to external appearances, in possession of vigorous health. At each menstrual epoch the uterus and its appendages are in a state of active congestion, and in this form of the affection there is an exudation of coagulable lymph, which results in the formation of a deciduous membrane. This membranous substance produces more or less irritation in the uterus ; and pains, simulating those of parturition, occur until the deciduous mass is completely expelled. It is not expelled in one entire mass, but in patches or shreds mixed with coagula of blood. This membrane is smooth on one side and rough on the other, and resembles, in every respect, the deciduous membrane which is formed shortly after impregnation.

Causes.—It may be produced by any of the following causes : Plethora, cold, mental disturbances, sudden suppression of the menses, alcoholic stimulants, the rash use of emmenagogues, excessive sexual intercourse, and anything which tends to keep up a hyperæmic state of the uterine vessels.

Symptoms.—A sense of fulness and weight, from the congestion and increased size of the uterus, will be felt in the pelvis, together with a dragging sensation about the groins and pain in the back. There may be considerable pain of a neuralgic character in the lumbar and intercostal regions, and uneasy sensations are sometimes felt in the mammæ. There is great nervousness, restlessness and occasionally slight delirium. Rectal and vesical tenesmus may be felt according as the uterus presses against the rectum or bladder. During the expulsion of the membranous mass the uterine pains are often equal to those of parturition in intensity and recurrence.

Diagnosis.—The great nervous disturbance, the severe pains, the character of the discharge, which consists of shreds or fragments of membrane instead of ordinary menstrual fluid, and the absence of signs of inflammation, will always enable us to distinguish it from the other varieties.

Treatment.—The remedial measures to be employed will somewhat depend on the cause. If it be due to a plethoric condition of the system, moderate depletion by means of saline cathartics, strict attention to diet, and abundant exercise in the fresh air, will be indicated. If it has been caused by exposure to cold, or by sudden suppression of the menses, due to great mental disturbances—such as excessive joy or grief—anodynes, diaphoretics and sedatives will afford speedy relief. I have found the following combination very efficacious as an anodyne, diaphoretic and antispasmodic, not only in this variety but also in all the others:

R	Camphoræ.....	3 ss.
	Ext. Aconite alcohol:.....	gr. x.
	Gelsemin.....	gr. iv.
	Ext. Gentianæ.....	q. s.

Misce et divide in duodecim pilulas.

Sig. Dose—One every two or three hours, according to its effect.

Viburnin, scutellarin and dioscorein are also valuable remedies in the neuralgic and congestive varieties. An enema, containing half a drachm of tincture of opium, will often prove highly serviceable as an anodyne. Much benefit, too, will be obtained by lubricating the neck of the uterus with the unguentum belladonnæ. Another remedy, much used by Old School practitioners in this variety of dysmenorrhœa, is the *liquor ammoniacetatis* or spirits of mindererus. As this drug is a solvent of fibrin, by virtue of the acetic acid which it contains, it is very probable that it partially destroys the coagulability of the menstrual fluid in the uterine cavity by dissolving its fibrin; and thus, to a considerable extent, prevents the formation of the deciduous membrane. If this is the true explanation of its *modus operandi*, the acetic acid alone would, no doubt, be just as potent a remedy as the ammonial salt. The ammonia, however,

may be of some service as a diaphoretic. Marriage has been recommended as a curative agent by some practitioners, but it is difficult to see how this could be productive of any good results. On the contrary, sexual intercourse, in such cases, would tend to maintain a congested state of the uterus and its appendages during the interval between the menstrual epochs, and thus an aggravation of the symptoms would, no doubt, take place. Married women who suffer from dysmenorrhœa, and especially the congestive variety, with membranous discharges, rarely conceive, and when conception does occur they are exposed to the risk of abortion.

After having subdued an attack of dysmenorrhœa means should be employed to prevent a return of the disease at the next menstrual period. The following pill will generally suffice to prevent an attack :

Camphoræ.....	3 ss.
Ext. Hyoscyami alcohol:...	℥i.
Quiniæ Sulphatis.....	℥ss.
Gelsemin.....	gr. v.

Misce et divide in viginti pilulas.

Sig. Dose—One or two a day for several days preceding the appearance of the menses.

Viburnin, senecin and caulophyllin may be given for the same purpose. The bowels at the same time must be kept open by the occasional use of saline cathartics. The diet should be nutritious and easily digested. Exercise in the open air is of great importance, and should be taken regularly. Alcoholic stimulants must be avoided; and, if the patient is married, sexual intercourse should be strictly prohibited for several months.

NEURALGIC DYSMENORRHŒA.

This form of the affection is generally confined to anemic and nervous females, and to those in whom the menses are late in making their appearance. It is not accompanied by congestion or inflammation, although it occasionally presents symptoms peculiar to the congestive variety, and patches of a deciduous membrane are sometimes expelled. It generally, however, de-

pend upon an exceedingly sensitive state of the nerves of the uterus or its appendages. The pain is sometimes constant, but generally occurs in paroxysms which are severer than in any of the other varieties. The discharge is rather scanty, and may be paler than natural, or mixed with clots or patches of membrane. For several days previous to the menstrual flow, uneasy sensations may be felt in the mammae, or in other distant parts of the body, as in the fingers, face or toes. The causes which generally induce it are anæmia, the neuralgic diathesis, luxurious and enervating habits, masturbation and excessive venery.

Diagnosis.—The pain is not expulsive in its character, and the flow of blood is uninterrupted. These facts distinguish it from the obstructive form. The absence of constitutional disturbance, the presence of membranous patches in the discharges, and the anæmic condition of the patient, are sufficient to differentiate it from the congestive variety. From the inflammatory form it is distinguished by the absence of the signs of metritis, endometritis, ovaritis, and of leucorrhœa and pain in the intervals of menstruation.

Treatment.—The pain may be promptly relieved by giving one of either of the above pills every two or three hours during the menstrual flow. The latter combination of remedies is to be preferred in this form of the affection. One or two pills a day for a few days previous to the appearance of the menses will generally prevent an attack. During the interval between the menstrual epochs an invigorating course of treatment should be pursued. The vegetable and mineral tonics—such as quinia, hydrastin, nux vomica, the valerianate and proto-carbonate of iron, etc.—should be freely given. A combination of dilute nitro-muriatic acid, tincture of nux vomica, sulphate of quinia and compound tincture of cinchona will be found a very efficient preparation in controlling this morbid state of the nervous system. Moderate exercise in the open air, cold baths and a nutritious diet should be strictly enjoined.

OBSTRUCTIVE DYSMENORRHŒA.

This form of the affection is caused by stricture of the cervical canal, long continued version or flexion of the uterus, polypii

and fibroid tumors in the parenchyma of the cervix. Stricture of the cervix may be congenital, or the result of inflammation of the mucous membrane lining the canal. The application of strong caustics within the os uteri, has produced the disease in many cases. Flexion causes obstruction more or less complete, by creating an angle in the passage. Stricture of the vagina and an obturator hymen also obstruct the flow of blood, which may be forced by the spasmodic contractions of the uterus after its cavity is filled, through the fallopian tubes into the cavity of the abdomen, and thus cause peritonitis and death. The pain in this variety is of an intense expulsive or bearing-down character, similar to that in parturition. The flow of blood is not continuous but interrupted, and after a gush of this fluid all pain for a time ceases, until the uterus becomes again distended, when another expulsive pain and another flow of menstrual fluid occur.

Diagnosis.—The expulsive character of the pains, and their cessation after a gush of blood, are, in general, so marked and decided that very little difficulty will be experienced in distinguishing it from the other forms. A physical exploration of the uterus, however, should be made, in order to remove any doubt, and the existence of any obstruction in the uterine canal should be ascertained by inserting a probe into the cavity of that organ.

Treatment.—Congenital or acquired stricture of the cervical canal can generally be remedied by cautiously and gently introducing bougies through the whole length of the canal to the os internum. It is best first to introduce one of small size and gradually increase it until a sufficient degree of dilatation is obtained. They may be well lubricated with a solution of extract of belladonna in glycerine (ten grains to the ounce) before introduction. They should be allowed to remain in for some minutes and employed once or twice a week, according to the irritability of the organ. Any inflammatory symptoms which may appear will soon cease on the use of sedatives and vaginal injections of warm water two or three times a day. A metallic male catheter may be used, but a bougie is less liable to cause irritation. Dilatation may also be attained by the use of tents

of sponge or sea tangle, and this plan may be better than the one just alluded to. Instruments for producing rapid dilatation have been devised and recommended, but their action on the tissues has been injurious, and hitherto no good results have been obtained from them. Incisions of the cervix with Simpson's or Stöhlman's hysterotome have been advocated and practised as a *dernier resort*, but the great danger of cervical metritis and the subsequent contraction of the canal, which is sometimes rendered almost impervious, are sufficient reasons for not resorting to this mode of procedure. If the obstruction is caused by flexion of the uterus appropriate means should be used to restore the organ to its normal position. If there is a syphilitic taint in the system the compound syrup of stillingia and the iodide of potassium should be given, and also the various uterine tonics—such as senecioin, caulophyllin, etc.—will be found useful in all forms of the disease.

Stricture of the vagina, the result of inflammation, can be readily overcome by introducing large bougies and the local application of the extract of belladonna or gelseminum. After dilatation of the uterine or vaginal canal, if the symptoms do not disappear, the treatment for either of the preceding varieties may be adopted during menstruation, and for several days preceding it.

INFLAMMATORY DYSMENORRŒA.

In this form the cause of the disease is due to peri-uterine cellulitis, metritis or ovaritis. The usual symptoms of inflammation are present. There is a dull, heavy and fixed pain in the pelvis, which continues not only during the menstrual flow but for some time after. Leucorrhœa will generally make its appearance in the intervals.

Treatment.—Vaginal injections of warm water, rest in the recumbent position, and the internal administration of aconite, gelseminum and quinia will generally subdue the inflammation. Anodynes should be given either by the mouth or by vaginal or rectal suppositories. When the inflammatory symptoms subside the treatment for any of the preceding forms may be used, according to the form which the disease assumes.

TORONTO, August, 1870.

COLLINSONIA.—AGRIMONY, GELSEMINUM, AND SOME
OF THE CONDITIONS UNDER WHICH THEY
SHOULD BE USED.

BY ROBERT S. NEWTON, M. D.

COLLINSONIA.

THIS agent has been in use by Eclectic physicians for many years, and is generally used for cardiac difficulties. In all the ordinary cases of debility of the heart's action, especially when depending upon gastric derangement, either of an acute or chronic nature, this may be considered one of our most valuable agents. The irregularity of the heart's action attending chlorosis, hysteria, and all stages of angina pectoris, will be benefited if not removed by its use. When there is pain attending digestion, hepatic congestion, as well as all the forming stages of painful diarrhoea or dysentery, this has a very soothing effect. In bilious cholic, in combination with the diascoria and gelseminum, it acts promptly, and may be relied upon with much confidence.

In that painful irritability and restlessness which follows typhoid fever, pneumonia, pleuritis, gastritis and dysentery, this is far more reliable and certain to overcome those conditions than any amount of opiates, and has the advantage of not being followed by the constipation attendant upon the use of opiates.

In all cases of the impoverished condition of the blood the heart does not receive from the blood or from the nervous system the force necessary to maintain a regular and normal action; and in no form of disease is this more marked than when the system has become broken down from uterine difficulties, which are more or less accompanied with irregularities of the heart's action as well as a sense of suffocation, or "dreadful sinking sensation," as described by the sufferer. This agent acts, in our opinion, as a sedative and not as a narcotic, both by and through its specific action on the nerves of the heart; the agent possessing tonic properties sufficient, if persevered with, to fulfil all the indications to be obtained by the use of vegetable tonics.

Collinsonia has not been regarded as belonging to the class of tonics, yet we know that such is really the case, as much so as the prunin cornin and hydrastin, only being more delicate in its action.

AGRIMONY.

We called the attention of the profession specially to this agent a few years since. Although one of the old agents in the *materia medica* it had never received attention enough to place it where it really belonged. As a diuretic, in all the ordinary conditions of the system requiring the use of such a medicine, it will fulfil more indications than any other agent except the *gelseminum*. In cases of acute inflammation of the kidneys or bladder there should be much good judgment exercised by the practitioner if he expects to do his patient good and afford relief: he should know the actual operation of each remedy; and a failure at this point, in our judgment, has been followed by injuries which have been as lasting as the life of the patient, and in a large number of instances has actually caused the death of the patient. While in these acute conditions the better method is to divert the secretions and excretions from the kidneys, and impose upon those organs as little labor as possible, by endeavoring to increase the action of the intestinal surfaces and the skin, making these tissues for the time perform the office of the kidneys vicariously, thus allowing only a very light action of the kidneys: and for even this light action the greatest care should be taken in the selection of proper medicines.

In these conditions too active and stimulating agents have been used, which have increased the inflammation, and been often followed by complete suppression of urine or a state of stricture of the urethra which could not be overcome in any way, causing the death of the patient or the establishing of strangury of a nature which, if overcome at any stage or time, had produced suffering worse than death itself. These are points in the practice of medicine to which we know too little attention has been given.

While we never use active diuretics in inflammation of the kidneys and bladder, attended with a high inflammatory condition of the system, we have the greatest confidence in them in a very great number of the conditions of the system we are called upon to treat. We use them more than we do cathartics, which in our opinion are very much abused. After the inflammatory condition is broken up, and also in cases where we wish to

produce a marked and decided action of the system, freeing it of any disease or retained excretion which has become incorporated into or mixed with the blood, we rely very much upon this class of agents. We know of none in use equal to agrimony and gelseminum, or that can be used with so much certainty. In all the ordinary renal diseases, especially of a chronic character, in calculous formations, in catarrhal conditions and in ulcerations, nothing equals its action. When the secretion of urine is scanty and high colored, and the uric acid is not thrown off, as in scarlet fever and this class of diseases, it acts promptly.

In all the chronic forms of disease of the bladder agrimony is invaluable, and will meet a variety of cases with such a certainty as will surprise any of our practitioners.

GELSEMINUM AS A DIURETIC.

The ordinary action of this agent is so well known, and it is so generally used by our profession, that it may appear out of place to notice it again. While we admit all of this, we know that until we first called the attention of the profession to it as a special diuretic nothing had ever been published upon the subject. As we do not intend at this time to more than repeat the fact that such is the case, we may at a future time give an article upon this agent as a diuretic; yet we will here say that we use it in such a variety of cases indicating the use of diuretics that we rely upon this and the agrimony almost exclusively for the reasons given.

A combination of these agents will act promptly in the conditions referred to, and especially do we use this, to the exclusion of all other internal remedies, in gonorrhœa and all ulcerated conditions of the kidneys and bladder, in addition to the diseases mentioned above.

104 W. THIRTY-EIGHTH ST., N. Y., Aug., 1870.



PERISCOPE.

The History of Anæsthetic Discovery.—Continued.

THE FIRST CHEMICAL STAGE.

WE trace the introduction of chemical research in its application to anæsthesia to the end of the latter part and the begin-

ning of the present centuries. The discoveries of the immortal Priestley led up to the plan of administering gases and vapors of definite composition, by inhalation, through the lungs. So soon as Priestley had made known the existence of vital air, or oxygen, the properties of this body were tested with hope of great results in medicine. He himself set the initiation of inhalation of oxygen, and in time was followed by Beddoes, Humphrey Davy, Hill, Thornton, Percival and others. An institution called the "Pneumatic Institution" was established, evidently on the suggestion thrown out by Priestley, respecting "factitious airs," in the following words :

"I cannot help flattering myself that in time very great medicinal use will be made by the application of these different kinds of air to the animal system. Let ingenious physicians attend to this subject, and lay hold of the new handle which is presented to them."

Beddoes was the active leader of the pneumatic method, and was seconded very ably by the enthusiastic physician Thornton. Under their influence the practice of inhaling oxygen became intensely popular, and many of the cases related by Thornton afford remarkable evidence of usefulness from the treatment. It followed naturally upon this that other gases and vapors were administered by inhalation. Dr. Richard Pearson, of Birmingham, administered ether in this way in the year 1795 for the relief of consumption, and ten years afterwards Dr. Warren, of Boston, U. S., also employed ethereal inhalation to relieve the sufferings attending the latter stage of phthisis pulmonalis. Thus treatment by inhalation settled into an established practice.

And yet another advance came from Priestley. After he had discovered the method of liberating and collecting gases, he showed that some gases could be absorbed by water and compressed in water. This led to the original manufacture of what are now called aerated waters. Carbonic acid was the first gas thus employed. In course of time nitrous oxide gas, which was discovered by Priestley in 1776, was compressed into water ; and one Searle took out a patent for an "oxygenated aerated water," made by impregnating water under pressure with five volumes of nitrous oxide. The mixture came into general use as a medicine, and its effects were investigated by Mr. (afterwards Sir Humphrey) Davy, who reported favorably concerning it. Davy, at the time he undertook research on nitrous oxide, was superintendent of a pneumatic institution at Bristol, founded by Beddoes ; and here, in 1800, he commenced his inquiries on the inhalation of nitrous oxide and other gases, including

hydrogen, which in 1769, four years after the discovery of oxygen by Priestley, had been inhaled by Fontana to the production of insensibility. Davy's description of his experiments with nitrous oxide are among the most fascinating in the literature of science. He was now very young, his enthusiasm ran high, and it appeared to him, as by prescience, that he had come upon a new world. Columbus, writing to his sovereigns respecting the glories of his newly discovered lands, gave descriptions indeed hardly more enkindling than Davy did respecting his new mental impressions under the inhalation of the subtle gas. He declares he felt as if the present existence were all changed, and that everything in the universe was made up of ideas—nothing existed to him but idealized dreams. He constructed a box or small chamber, in which he inhaled the gas in measured quantities. One day he suffered from toothache and inflammation of the gums, and almost instinctively resorted to his panacea, the gas; to his delight he found the pain relieved, and thereupon, in writing afterwards on nitrous oxide, he ventures the following suggestion, in which is embodied the whole of the modern chemical advance of anæsthesia:

“As nitrous oxide, in its extensive operation, seems capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place.”

This observation was published in the year 1800.*

There is now a blank in the history of anæsthesia, extending over many years, but yet not without some advance. In 1815 Nysten, writing in the *Dictionary of the Medical Sciences* (vol. xiii.) on the subject of ether, records, following Pearson and Warren, that he had employed ether by inhalation, in the treatment of lung diseases, and, further, that he had used the same agent successfully for relieving the pain of colic. Three years later, in the *Quarterly Journal of Science and Arts*, Faraday pointed out that the inhalation of the vapor of sulphuric ether produced effects similar to those induced by nitrous oxide, and henceforward the vapor of ether was frequently exhibited at the lecture table side by side with the nitrous oxide. The late distinguished chemist, Professor Thomas Thompson, of Glasgow, annually amused his students by allowing them to inhale these narcotics until they were inebriated, or even stupefied. The gas was inhaled from a reservoir or bladder; the ether was inhaled from a bladder; a couple of drachms of rectified and washed ether were poured into the bladder, and allowed to dif-

* *Researches Chemical and Philosophical, chiefly concerning Nitrous Oxide and its Respiration.* By Humphrey Davy. London, 1800.

fuse: then the air and ether vapor contained in the bladder were breathed, the expired air being allowed to enter the bladder also. To the present day this simple method is the best for inhalation, when brief insensibility only is required.

By these steps men of science and medical men generally were familiarized with the phenomena of narcotism by the action of two chemical agents, nitrous oxide gas and ether vapor. One man of exalted genius, Davy, had affirmed that nitrous oxide might be used for abolishing pain during surgical operations: and another man, also of exalted genius, Faraday, had affirmed that the action of ether vapor was the same as that of nitrous oxide; and thus the road was laid for the practical application of these two agents for anæsthesia. The road was laid for thirty-nine years, during which time it was skirted, and surveyed, and even gamboled upon by merry philosophers and their youths once a year. At last some men began to use it in earnest, and it became a high road to be pronounced blessed by millions who should find in it escape from physical agony. What pioneers explored the road, declared it open, and led writhing humanity into it, as into Elysium, will be described in our next part.

(To be continued.)

Early American Medical Periodicals.

THE first medical periodical published in America, of which we have any knowledge, was the *Medical Repository*, commenced in 1797, in the City of New York, and edited by Drs. Samuel L. Mitchell, Edward Miller and Elihu H. Smith.

It was a good sized quarterly journal, and its pages were enriched by the contributions of many of the ablest members of the profession at that date. Dr. Mitchell remained its principal editor through the first sixteen volumes, when it passed under the editorial management of Dr. James R. Manley, who, with his associates, maintained its reputation and usefulness until the end of the twenty-third volume.

In September, 1804, the *Medical Museum* was commenced in Philadelphia, edited by Dr. John Redman Coxe. In the same city, in November of the same year, the first number of the *Medical and Physical Journal* was issued, under the editorial management of Dr. Benjamin Smith Barton.

The *Museum* was continued until 1813, while we lose all trace of the *Medical and Physical Journal* in 1808, until it is revived under the same name, and edited by Nathaniel Chapman, in 1820, and continued until 1827, when it seems to have been merged into the *American Journal of Medical Sciences*, which

has continued until the present time. Another quarterly journal, called the *American Medical Recorder*, was commenced in Philadelphia in 1818, and continued until 1829, when it appears to have been also merged into the *American Journal of Medical Sciences*.

A neatly illustrated quarterly journal, devoted to Medicine, Natural History and Agriculture, called the *American Medical and Philosophical Register*, was published in New York in 1810, and continued until 1814. The *New England Journal of Medicine, Surgery and Collateral Branches* was published in Boston from 1812 to 1824. After 1820 new medical periodicals continued to be issued so rapidly that I have been wholly unable to devote sufficient time to the subject to enable me to follow them in detail. With the aid of Dr. Toner, of Washington, I have been able to learn the names of about one hundred and twenty medical periodicals proper, which have been issued within the last fifty years, not including the annual transactions of medical societies.

Of these one half were discontinued within from six months to three years from the commencement of their publication. Of the remaining number twenty did not continue beyond five years, and of more than thirty medical periodicals belonging legitimately to the profession, not including those of dentistry, now being published in the United States, only thirteen have been published more than a single decade.—*From Dr. Davis's Address before American Association of Medical Editors.—New York Medical Journal.*

New Therapeutic Applications of Glycerine.

G. WM. SEMPLE, M. D., of Hampton, Va., says, in the *Medical Bulletin*, according to J. Marion Sims, glycerine applied on a compress of cotton wool to the os and cervix uteri, causes a continuous exosmose of serum. Applied in the same manner to protruding hemorrhoidal tumors, it produces a like effect, and quickly reduces the inflammation and swelling, as I have tested, in numerous cases.

On the 1st of February last, a young gentleman, 23 years old, of delicate constitution, with a narrow chest, who had suffered from a chronic cough for four months, applied for advice. To my surprise no abnormal sounds, either on auscultation or percussion, were detected. On inspection of the throat, the uvula was found elongated, and the whole mucous membrane of the velum palati and pharynx turgid and congested. There was a free muco-purulent expectoration, tinged with blood, and it was

observed to be drawn back from the nose and hawked up after the cough. The patient stated that about once in twenty-four hours, after much effort to draw it back from the right nostril, he hawked up something hard, coated with bloody matter, and this he did the same afternoon in my presence. The pellet was found, on examination, to consist of hardened muco-purulent matter mixed with blood, and to be a perfect mould of the antrum, with a projection on it, which entered into the nostril, and by which it was drawn out from the antrum. The odor in the nose was very fetid, and was more disgusting to himself than to others. I was about to order an injection of the nasal cavities with a solution of carbolic acid, when recollecting the property glycerine possesses of diffusing itself over any surface on which it is applied, a small quantity of glycerine, in which carbolic acid Mv to $\text{f}\text{ʒj}$ was dissolved, was introduced into the nostril, on the finger. In a few moments the patient said: "I feel the same sensation in my cheek and over the brow as in the nostril," and soon after, "I taste something very sweet on my palate." Satisfied with the experiment, I directed him to use the medicine, in the same way, twice a day, and to use, three or four times a day, a gargle of glycerine ʒj , carbolic acid ʒj , a teaspoonful to a tumbler of water. A copious thin mucous secretion was discharged from the nostril, sometimes tinged with blood: but not another pellet was discharged, the factor immediately ceased, and the disease, both of the throat and antrum, was cured within twenty days. The patient stated that the symptoms from which he suffered had immediately followed a severe attack of catarrh, contracted about the 1st of October, which continued with fever for eight or ten days. Glycerine is so general a solvent, that almost any medicine that may be desired to be used in the treatment of diseases of the nasal cavities may, through its agency, be applied. And though it is not difficult for any intelligent patient himself to inject the nasal cavities, yet this method of applying remedies is much more convenient.—*Medical and Surgical Reporter.*

The Weight of the Brain.

SIR.—In the notice of the late Sir James Y. Simpson, which appeared in the *Medical Times and Gazette* of Saturday, May 14, there is an error, evidently a slip, in stating the brain-weight of Cuvier at 53 ounces. Authorities differ to the extent of $1\frac{1}{2}$ ounce as to the exact weight, but Broca gives it at 64.5 ounces, and this has always been regarded as the heaviest normal brain on record.

In the *Journal of Mental Science*, 1866, there is an elaborate paper, by Dr. Shuman, on the "Weight of the Human Brain," and he gives the following interesting table of the brain-weight of fifteen distinguished men :

	Age.	Oz.
1. Cuvier, naturalist.....	63	64.5
2. Abercrombie, Physician.....	64	63
3. Spurzheim, Physician.....	56	55.06
4. Dirichlet, mathematician.....	54	53.6
5. De Morny, statesman and courtier..	50	53.6
6. Daniel Webster, statesman.....	70	53.5
7. Campbell, Lord Chancellor.....	80	53.5
8. Chalmers, celebrated preacher.....	67	53
9. Fuchs, pathologist.....	52	52.9
10. Gauss, mathematician.....	78	52.6
11. Depuytren, Surgeon.....	58	50.7
12. Whewell, philosopher.....	71	49
13. Hermann, philologist.....	51	47.9
14. Tiedemann, physiologist.....	80	44.2
15. Hausmann, mineralogist.....	77	43.2
<hr/>		<hr/>
Averages of ten distinguished men....	50-70	54.7
Averages of fifteen distinguished men..	50-80	52.7

The average brain-weight, between the ages of 20 and 60, of Scotchmen, is given by Dr. Peacock at 50 ounces, and from these figures it is evident that whilst Simpson's brain is much above the average of his countrymen, it is really lower than that of the brains of the ten distinguished men given in the preceding table who died between 50 and 70.

In connection with the present subject, it may be not uninteresting to know that, some years ago, Sir James collected statistics from hatters, principally in London and Edinburgh, as to the sizes of the hats sold in these cities; and the result of his inquiries clearly proved that, on an average, a Scotchman required a larger hat than an Englishman. When the late Professor related this fact to his class, or in private, he frequently added that he trusted that this necessity for large hats arose from the size of the brain, and not from unusual thickness of skull.

There is, no doubt, much truth in the remark which I have more than once heard the late Professor Goodsir make in reference to the cerebral hemispheres—"Besides quantity we must have quality." I am, &c., T. W. McDOWALL, M. D.
—*Medical Times and Gazette.*

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

Boston Medical and Surgical Journal.

THIS is one of the most able medical journals of the day. The volume begins in July. It is managed by a new *corps* of editors—Francis H. Brown, M. D., and H. H. A. Beach, M. D., Assistant Editor. We have no doubt but what these gentlemen will sustain fully the high position this journal has long occupied.

Gynæcological Journal.

THE second volume of this journal has been forwarded to us by James Campbell, of Boston, the publisher. This volume is neatly bound, and we can only add to what we have said before, that this is one of the most valuable journals of the day, especially to those who are engaged in the study and practice of the disease of women.

EDITORIAL.

SPURIOUS DIPLOMAS.

THE *Chicago Medical Times* has spoken out in severe denunciation of what it justly denominates "*Philadelphia Bogus Diplomas.*" It says:

"Several of our exchanges have recently been ventilating the matter of bogus diplomas issued from the Eclectic College of Philadelphia, the pet institution of one John Buchanan. We have been rather reluctant in giving credence to the various reports circulated, relative to the granting of diplomas from this institution to persons who have never even visited the State of Pennsylvania, and who are totally ignorant of even the first principles of medicine. Although we have been compelled of late to remain silent upon this subject, because we had no evidence that the accusations against Buchanan were not true, yet we did not intend to screen or overlook such proceedings, but to wait quietly till we could collect sufficient evidence as to enable us to speak knowingly concerning the matter. A young friend of ours in Michigan wrote to John Buchanan a short time ago concerning a diploma, asking him what was necessary for him to do in order that he might obtain a diploma from his school. We give below a copy of both the letters:

"ADRIAN, Feb. 6th, 1870.

"JOHN BUCHANAN, M. D.

"Dear Sir: I have been studying medicine under a preceptor in this place nearly two years, and have practiced a great deal during that time, and think that I am now competent to practice on my own

hook. It was my intention to attend some medical college this spring, but I have run short of funds and must do something to fill my pockets again. I have found a place in Minnesota where I am sure I can do well, but the laws of the State are such that a man cannot collect his bills if he has no diploma. Now, can you grant me a diploma conferring on me the degree of Doctor of Medicine without my coming to Philadelphia? and if so, what must I do to get it, and what will it cost? Please answer soon, and let me have all particulars.

“Yours, &c.,

“WILLIAM KETCHUM.”

[Answer.]

“PHILADELPHIA, *March 5th*, 1870.

“WILLIAM KETCHUM, M. D.

Dear Sir: At this late hour I have received your letter. Send me a certificate from *somebody* who you are, a short thesis, and a check for \$50 and I will see what can be done for you, and send *it* to you by express.

“Very truly yours,

“JOHN BUCHANAN.”

“After receiving the above another letter was handed us by a young man now attending college in this city. This letter is also written by Buchanan, and upon a sheet of paper that contains a lengthy advertisement of the college. We give the letter below *verbatim*, and it speaks for itself:

“PHILADELPHIA, *August 10th*, 1868.

“DR. WM. P. DUFFIN.

“*Dear Sir:* My friend, R. H. Kline, M. D., desires me to address you this note. You have been so highly recommended by him to us that we will grant you the request. Our terms are \$50, upon the receipt of which we will immediately forward it. If you thus become identified with us we would be very happy to have your influence to extend our journal and books. If you send for the diploma send by post-office order, if you can, to my address. I send you a copy of our journal, and hope you will like it.

“With fraternal regard, believe me truly yours,

“JOHN BUCHANAN.”

“Nor is this all. A young man who graduated at Rush Medical College, received a similar offer of a diploma; and a man named Williams, who claims to have a collegiate agency (!) in Milwaukee, is the authorized agent of Buchanan to sell as many diplomas as he can. We have seen several letters from Williams, offering Buchanan's diplomas for \$125.

“Here is an institution chartered by the Legislature of Pennsylvania for the purpose of educating men in the mysteries of the healing art, and yet we find at its head men who are devoid of every principle of *honor* and *justice*; men who, for the sake of a few paltry dollars, turn an institution of learning into a mill for turning out bogus di-

plomas to those who are too ignorant to acquire even the rudiments of an English education, to say nothing about the intricate science of medicine.

"We call upon eclectic physicians to say how should such an institution be treated. It should be publicly denounced as the greatest enemy to liberal medicine in our country; and the man who would write such letters as the above should not be allowed to perpetuate such deception and villainy any longer. Not only every physician, but every man of ordinary intelligence should frown down such outrageous proceedings, and by unanimous and prompt action in this direction they would be doing a public service.

"It is a duty incumbent upon the press to agitate this matter and awaken the attention of the Legislature of Pennsylvania on the subject, for if ever an institution deserved to have its charter forfeited this one does. We speak from no personal feeling on this subject, but from a sense of justice due to the friends of Eclecticism.

"In the face of all this what steps should be taken to put a stop to this illegitimate work of diploma making? Could not the various State Societies take an initiatory step in this matter by petitioning the Legislature of Pennsylvania to inquire into the *modus operandi* of this method of granting diplomas?"

REMARKS.

Our cotemporary has spoken none to soon or severely. The evil is too grave to be longer neglected. Like a gangrene or a cancer it menaces the whole vital organism, and should be arrested before it becomes irremediable.

Public attention has been repeatedly called to the reprehensible practice, in certain medical colleges, of reducing unwarrantably the fees for professional instruction, and conferring the degree of Doctor of Medicine, for a consideration, upon unsuitable persons. Several "Old School" and Homœopathic institutions have long born the stigma: and we have seen diplomas of American Medical Colleges advertised for sale in the daily papers of London, New York and Brooklyn. We are very sorry to be compelled to acknowledge that a part of the infamy pertains to men and instructors commonly known as Eclectics. We therefore take this occasion to denounce the practice as a fraud upon the public, as unprofessional and degrading, and as without excuse or justification.

It was the purpose of the men who first established colleges for instruction in Eclectic Medicine to fix the standard of professional attainment as high as possible; so that physicians of the New School, however heterodox they might be declared, should be in no important respect inferior in culture, skill and other endowments, to those of the

other schools. In the principal medical institutions of the Reformed Practice we believe that there has been very few departures from this purpose. Yet the unworthy endeavor has been made once or twice, by medical institutions, to underbid the other colleges by reduction of the fees for instruction to a nominal price, by requiring no regular study before graduation, and by the selling of degree of Doctor of Medicine. This is bad faith toward the medical profession, and a fraud upon society little short of actual felony. We have long kept silence in this matter, knowing that instructors have different views and plans of operation, and that the freedom authorized by our laws is very broad and comprehensive. But this silence has been construed to mean a tacit approval; and the practice has become a standing imputation against Eclectic Schools of Medicine. It is often asserted that students who cannot obtain degrees in any respectable "Old School" college can procure them from the Eclectics. The allegation is untrue so far as the Eclectic College in New York is concerned, and we have every reason to believe that proper vigilance is also exercised at the institutions in Cincinnati and Chicago. In these institutions an honest and earnest endeavor has also been made to maintain and elevate the standard of professional acquirements, but elsewhere the obligation of professional fidelity and public duty have been disregarded.

The diplomas of the Eclectic Medical College of Pennsylvania, to our knowledge, have been sent to this city and vicinity to students who have never in any way complied with the rules of any medical school. They have also been sold to persons who have been rejected by medical institutions in this city, and also to individuals who had never attended a course of medical lectures, and as a profession or business never studied or practiced medicine. The cheat is greater than that usually connected with circulating counterfeit money, for both the receiver and the other are participators in the same fraud.

The attempt has also been made to establish a similar institution in this city, under auspices that could only operate to demoralize the reformed practice of medicine.

The Eclectic Medical Society of the State of New York has repeatedly taken action in this matter, having at two annual meetings resolved not to recognize the spurious degree, and at the last semi-annual meeting appointed a committee to propose further safeguards against the imposition.

The Eclectic Medical Board of the Province of Ontario has taken action upon this matter, as is shown by the following :

CIRCULAR.

"Resolutions adopted by the 'ECLECTIC MEDICAL BOARD of the Province of Ontario,' at a meeting held on the 17th and 18th of June, 1868.

"WHEREAS, Statements and facts laid before this Board, proving beyond doubt that some person or persons connected with the Eclectic Medical College of Pennsylvania have sold and are selling the Diplomas of said College, and the Diplomas of Glasgow College University, to persons residing in the United States and in Canada not qualified to receive them, this Board would record its strong condemnation of such fraudulent and disgraceful conduct. Such unauthorized disposition of documents and titles is a direct violation of chartered rights and a gross imposition upon the public.

"1st. *Be it therefore Resolved*, That from and after this date the certificates or diplomas of the Eclectic Medical College of Pennsylvania will not be considered valid, or entitle the holders to an examination before this Board for the Provincial License.

"2d. *Resolved*, That at the present time the teachings, doctrines and graduates of the 'Eclectic Medical College' of New York and Cincinnati are recognized by this Board.

"3d. *Resolved*, That all candidates for examination before this Board must have complied with the 24th Vic., Chap. 110.

"4th. *Resolved*—That the Secretary forward a copy of these Resolutions to the Faculty of the Eclectic Medical College of Pennsylvania, Philadelphia.

"R. H. CLARK, M. D., *President*."

REQUIREMENTS.

"Every Eclectic graduate who desires to be examined by the Board, touching his qualifications to practice Physic, Surgery and Midwifery, or either of them, shall give at least one month's notice in writing to the Secretary of the Board, and must show that he has followed medical study uninterruptedly for not less than four years, under the care of one or more duly qualified medical practitioners, and that he has attended at some University or incorporated school of medicine, not less than two six months' or three four months' courses of anatomy, physiology, surgery, theory and practice of medicine, midwifery, chemistry, materia medica and therapeutics, respectively, and not less than one six months' course of clinical medicine and medical jurisprudence, respectively; and one six months' course of the Institutes of Medicine, and one three months' course of botany; and also that he has attended the general practice of an hospital in which are contained not less than fifty beds, under the charge of not less than two physicians, for a period of not less than one year, or two periods of not less than six months each.

"N. B.—The Board meets in Toronto on the second Tuesday in October, and the third Tuesday in June of each year, for the examination of candidates for Diplomas and Provincial License.

"All letters on matters connected with the Board to be addressed to the Secretary and Treasurer, N. Hopkins, M. D., Dunnville, Ontario.

"N. HOPKINS, *Secretary*."

Let this action be followed up, and with it an appeal sent to the Legislature of Pennsylvania, as the *Chicago Medical Times* proposes, and we have little doubt that early steps will be taken to put a stop to the vicious and disreputable practice of vending spurious degrees.

THE NATIONAL ECLECTIC MEDICAL CONVENTION.

ON the 27th inst. a National Convention of physicians of the Eclectic and Reformed school of practice will assemble at Chicago. We appeal to the readers of the REVIEW, as many as can make it practicable, to attend on that occasion. For fifteen years our school of medical practice has had no national organization. This is an omission which operates powerfully against us in all cultivated circles. The old school physicians have their national association meeting annually in different cities, and propounding what is medical orthodoxy, what is "science," what is "charlatanism," and what is "ethics." The Homœopathists have also a National Institute, meeting every year at some one of our large cities, and exercising a potent influence upon the public mind. The advantages so secured and the positions maintained by these organizations are thus made formidable. But the Eclectics, who once had a national society that bade fair, like the stone seen by Nebuchadnezzar in his forgotten dream, to "fill the whole earth," are now houseless—a scattered folk—and deprived of the advantages of organization and united effort. Occupying a field diverse from that of their competitors, they are regarded, not altogether without reason, as medical bushwhackers. They will continue to be so considered, both in this country and in Europe, and will fail to exercise their legitimate influence in the medical world, if they do not remedy this omission.

We appeal, therefore, to our professional brethren to cause this reproach to cease. Let us go up together to Chicago and build again a national organization. Let us have no bickerings, no jealousies, no falling out in the way with each other. Let us assemble with the purpose of establishing the New School of Medicine on an impregna-

ble basis. We are brethren, without a pontiff or a dictator. We are peers to each other. We have one object. A continental organization is essential to our continued existence as a school of medicine. Without it we shall fall to pieces, become disorganized and be forgotten. But, ever united with the watchword of "Safe Medication," we shall revolutionize and perhaps supersede and absorb every rival school of Medicine. "Let us work, therefore, while it is day."

OPENING OF THE ECLECTIC MEDICAL COLLEGE.

THE Annual Session of the Eclectic Medical College of the City of New York will begin on the 12th of October. It behooves students to be present, as far as possible, at the outset. This year there will be additional advantages. The number of instructors is increased, and their professional attainments are equal to those of teachers in other institutions. The other facilities, we believe, will also be entirely satisfactory. No medical college in America has graduated students of whom so large a proportion engaged promptly in honorable and remunerative practice. We intend to deserve as well as receive general approbation. The same facilities are afforded to women as to male students. This practice is no longer to be regarded as an experiment. It is fast becoming general. It is the case also in Zurich, Switzerland, and at Vienna, and is to be adopted at Stockholm. We have found it successful, and in no sense detrimental to progress in studies. The medical instruction of women has always been an article in the Eclectic faith, and it owes its present popularity to our institutions.

With the most generous liberality of sentiment, ample scientific advantages, and the practical acknowledgement of "all rights for all," the Eclectic Medical College of the City of New York appeals to physicians and students. Every practitioner should do his part in this matter. We must educate our own physicians or give up our existence as Medical Reformers. We cannot impress the public in our favor except by an improved practice, skilfully carried on by well educated persons. A few years would sweep us out of existence.

Will our brethren bear this in mind? Every one of them owes this much to the profession which has afforded to him a means of support. But we do not appeal to them on the mere ground of duty. We ask them to do it because they are Medical Reformers; because

they have cast their lot with the New School of Medicine and desire its prosperity. Now is the opportune moment. This institution is in the interest of every Eclectic physician, and, as a true Reformer, he will act.

THE HEATED TERM.

THE recent change of the weather created some excitement in several towns near this city. Several persons were attacked with diarrhœa, which speedily became fluid, and was attended with cyanosis, the "boiled-water look" of the hands, and spasms, and one or two cases terminated fatally. That class of reporters usually denominated "Bohemians," from having no regular engagements on any of the newspapers, but "picking up" a precarious livelihood from contributing miscellaneous items of news, immediately seized the opportunity thus afforded to disseminate the rumor that Asiatic cholera had again appeared. Some alarm, naturally enough, was created, but was speedily dissipated.

Every intelligent person, layman as well as physician, knows that the human system, having been debilitated by the heat of the summer, is liable, in the event of sudden exposure to a cooler atmosphere, to the invasion of choleraic disease. Sometimes it is feculent diarrhœa or dysentery, but often it takes the form of cholera morbus or the cholera described by Sydenham. If not promptly checked, any diarrhœa may finally be attended by rice-water evacuations, blueness and spasms. But, except the exhaustion is very great, or there has been improper diet or medication, the disturbance is easily corrected.

But no person should be careless. These troublesome and sometimes dangerous complaints are occasioned chiefly by the insufficiency of clothing over the abdomen. Unripe fruit, green corn, green cucumbers, and other things of which naughty children are so fond, have been supposed to be the principal offenders; they will cause a very considerable amount of sharp griping and bilious purging, but are only second in the order of mischief. Let flannel bandages be worn around the abdomen, especially in the afternoon and during the night, and the "summer complaint," dysentery and cholera panic will not happen to alarm us. It will be remembered that the Arabs of the desert, though often so poor as to be destitute of a blanket or *haik*, always take the precaution of keeping the abdomen warmly clad, and

they are probably the longest-lived of mankind. The remedy is very simple, and far better than any medicine.

DEATH OF MISS P. R. BRONSON, M. D.

This estimable lady and excellent physician died in this city, Aug. 16, 1870. She was a native of Winchester, Litchfield Co., Conn., and at the time of her decease was of the age of sixty-three years and five months. She was a graduate of the Central Eclectic Medical College of Rochester, N. Y., class of 1852. She graduated with honor, and ever held in the highest regard the instructors in that institution—Professors Dolley, Reuben, Fowler, Hadley and Eaton. Miss Bronson was eminently devoted to her profession, and was ever actively employed in it—for eleven years at Windsor, Conn.; for five years at Utica, and for the last three years in this city. Her disease was spinal meningitis, and was doubtless induced by excessive labors among the sick during the recent term of unparalleled heat. She was ardently devoted to the doctrines and practice of the Eclectic system; was well informed as to the principles and remedies of other schools; was a thorough believer in female medical education; reasoned well and practiced successfully in her chosen profession, and ever maintained the character of a whole-souled, christian woman. She was quite prominent among the pioneer reform practitioners of Connecticut, and will long be remembered by them with respect. Her remains were interred at Walcottville, and her funeral there was attended by a large number of the citizens of that and the adjoining towns—her old patrons and friends.

NEWS AND MISCELLANY.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF MAINE.

THIS Society held its fifth annual meeting at Augusta, 22d June.

The meeting was called to order by Richard Mace, M. D., of Yarmouth.

The following gentlemen were duly examined and unanimously elected members of the Society: M. F. Marble, M. D., of Gardiner; L. A. Shattuck, M. D., of Augusta; E. Grellet Jones, M. D., of China; and L. L. Hale, M. D., of Yarmouth.

The following officers were chosen by ballot for the ensuing year.

President—Wm. Young, M. D., of Newburyport.

Vice-President—Samuel York, M. D., of Lewiston.

Recording Secretary—L. A. Shattuck, M. D., of Augusta.

Corresponding Secretary—Richard Mace, M. D., of Yarmouth.

Treasurer—N. R. Martin, M. D., of Saccarappa.

Librarian—Wm. W. Watson, M. D., of Newport.

Counsellors—M. F. Marble, M. D., Wm. R. Wright, M. D., and M. H. Holmes, M. D.

At 2 o'clock the Society again assembled, and listened to the annual address of the President, Wm. Young, M. D.

Prof. J. F. M. Browne, M. D., LL.D., of New York City, and Samuel Anderson, M. D., of Bath, were by ballot unanimously elected honorary members of the Society.

After the transaction of other important business, it was voted to hold the next semi-annual meeting at Lewiston, on the second Wednesday of February, and the next annual meeting at Wetherville, on the fourth Wednesday of June, 1871.

Drs. L. A. Shattuck, Richard Mace and E. Grellet Jones were appointed essayists for the semi-annual meeting; Drs. John Parker and Stephen C. Libby essayists for the next annual meeting.

M. F. Marble, M. D., was appointed to deliver the next annual address. Dr. M. H. Holmes was appointed Anniversary Chairman. Drs. Samuel York, M. H. Holmes and Wm. W. Watson were appointed Executive Committee.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF NEW HAMPSHIRE.

The Eclectic Physicians of New Hampshire met at the Phoenix Hotel in Concord, on Wednesday, the 22d of June, 1870, for the purpose of organizing a State Eclectic Medical Association.

The meeting was called to order at 11 o'clock A. M., by Dr. C. A. Wheeler, of Claremont, who made a brief statement of the objects, necessities and benefits of a State organization.

Dr. B. S. Warren, of Concord, was chosen temporary Chairman.

A Committee on permanent organization was then appointed, who nominated the following officers, who were all unanimously elected:

President.—A. J. Flagg, M. D., of Claremont.

Vice-President.—N. P. Taplin, M. D., of Enfield.

Recording Secretary.—J. M. Bishop, M. D., of Bristol.

Corresponding Secretary.—W. E. Cole, M. D., of Keene.

Treasurer.—Geo. P. Titcomb, M. D., of Salisbury.

Censors.—C. A. Wheeler, M. D., of Claremont; F. L. Gerold, M. D., of Nashua; E. Q. Adams, M. D., of Alexandria.

Dr. Flagg made a few interesting remarks on the encouraging prospects under which the Society had been organized, on the necessity

of a hearty cooperation of all friends of Eclectism to combat successfully the opposition of its enemies, and of the importance of a high standard of education in the medical profession of sciences.

The Society then adjourned for dinner, after which discussions followed on subjects connected with the interests of the Society, which were participated in by all present.

The following gentlemen were appointed by the President as delegates to the National Eclectic Medical Association : L. D. Hamblett, M. D., of Great Falls ; I. M. Bishop, M. D., of Hill.

The Society then adjourned to meet at Concord on the third Wednesday of January, 1871, at the Phoenix Hotel.

ECLECTIC MEDICAL SOCIETY OF THE EIGHTEENTH SENATORIAL DISTRICT.

The fifth annual meeting of this Society was held at the American Hotel, Watertown, July 12th, 1870.

Dr. A. P. Hale and Dr. David D. Douglass, of Port Leyden ; Dr. S. G. Douglass, of Sandy Creek, and Dr. J. N. Betts, of Pulaski, were admitted to membership.

The Committee on nomination for officers, Drs. D. Allen Rega and D. D. Douglass, reported the nomination of the same officers from last year, to hold over the ensuing year. The Report was adopted.

Dr. Heaton, of Mexico, gave a very able address on the qualifications of physicians, their duty to their patients and to one another.

Dr. Hopkins exhibited some specimens of cancers and tumors which he removed himself, and explained the successful treatment.

Dr. Stanton read a report on urinary calculi, and exhibited two stones. These stones passed from a child ; the smallest one eighth of an inch in diameter, was passed when the child was nine months old, and the second stone, which is one quarter of an inch in diameter, when she was twelve months old.

Dr. Stanton also reported a case of ascites (peritoneal dropsy) in a man aged thirty-seven years, and its successful treatment. He also reported a case of intestinal obstruction caused by eating Comfrey root, successfully treated.

A case of inflammation of the brain, attended with spasms, was reported by Dr. West, its successful treatment by anti-spasmodics, viz. : Lobelia, Sanguinaria and Hyosciamus.

The meeting adjourned at 4 P. M., to meet at the American Hotel, Watertown, the 2d Tuesday in July, 1871.

L. STANTON, *President*.

J. A. REGA, *Secretary*.

MR. SYME, the famous surgeon and teacher, of Edinburgh, is dead. We condense from the *Lancet* the following account of his life : Born in 1799, in his nineteenth year he commenced the study of anatomy

under Robert Liston, then rising to fame as a surgeon, and was by him appointed prosector to the class. He took his surgeon's diploma in 1821; in 1823 he was admitted a Fellow of the Royal College of Edinburgh, and in the former year became a member of the English College of Surgeons, of which, in 1843, he was made a Fellow. From 1825 to 1829 he lectured on surgery in the extra academical school; and, having been refused election as a surgeon of the Royal Infirmary by the managers of that institution, he converted Minto House into a hospital at his own expense, in 1829; and delivered for four years a course of prelections within its walls. Here he laid the foundation of that skill and versatile resource in surgery, and that aptitude for clinical teaching, which distinguished him ever after; and here he won the esteem of his fellow citizens for that generous humanity of which a notable instance is recorded in the celebrated "Rab and his Friends" of his pupil, Dr. John Brown. He contributed to the *Edinburgh Medical and Surgical Journal* a series of reports on the practice pursued in his hospital, and these, as they appeared from time to time, between the years 1829-'33, were of marked service in advancing surgery as a science and as an art, and in heightening the already high reputation of the Edinburgh school. In 1831 he published his treatise on "The Excision of Diseased Joints," and in 1832 his "Principles of Surgery." The following year he was appointed to the chair of Clinical Surgery in the University of Edinburgh, and here he became so famous that, some fourteen years after he had entered on the duties of the chair, a requisition was made to him by many friends in London to transfer his immediate teaching and influence to the great metropolis. In 1847, accordingly, he removed thither, where the post of Professor of Clinical Surgery in University College awaited him. Unfortunately, however, he came into frequent collision with some of his colleagues and professional brethren—mainly, we believe, his fellow-countrymen; and, after much acerbity of spirit had been expended on both sides, he returned to the great seat of learning from which he should never have migrated. Again in the old scenes of his numerous triumphs, he shone forth with all the higher lustre for his temporary estrangement, while his brief sojourn in London had sufficed to attract many students to his clinique from the southern to the northern metropolis. He was the first to devise and perform amputation of the foot at the ankle joint—an operation which, even in its less scientific form by Pirogoff, has saved many limbs as well as lives, and, according to the statistics of the American war, is less fatal than any other amputation. He demonstrated the success with which the largest tumor of the jaw can be removed by cutting out the entire bone, tumor and all. He suggested the treatment of indolent ulcers of the leg by applying blisters. He showed how, in cases where the lip was destroyed, or had to be removed from disease, a new lip could be formed; how a new nose could be produced from the cheeks; and how, in cancer of the tongue, the entire organ could be completely and safely extirpated. He revived, with success, the old operation for aneurism by cutting directly into its cavity; while he may claim as distinct and original contribu-

tions to his art the operation of external urethrotomy; the enforcement of a non-stimulating diet in cases of senile gangrene; the new and safe method of removing cartilages from the joints, and the demonstration that the periosteum possesses the power of forming new bone—a fact of the most pregnant significance to the surgeon. Against such achievements his errors in judgment (if such they were) are as dust in the balance. And we shall not be suspected of ignoble jealousy in remembering here that he scarcely did justice to the pressure treatment of aneurism till conviction of its efficacy was forced upon him by the Dublin school; that his opposition to resection of the hip and knee joints was persistent for many years, and that he never adequately appreciated the operation of lithotripsy.

Mr. Syme was not voluminous as an author. Literary composition, under the severely exacting conditions of style which he imposed upon himself, could not but be laborious; and he aimed at impressing his doctrines on the minds of his generation rather by word of mouth than by stroke of pen. Still he has left, in addition to those already enumerated, several most valuable works, such as that on "Diseases of the Rectum," on the "Pathology and Practice of Surgery," on "Stricture of the Urethra and Fistula in Perinæo," on "Incised Wounds," on "Excision of the Scapula," and "Observations on Clinical Surgery." Some two years since he sustained a stroke of paralysis which left his power of walking impaired, with little or no manifest mischief, however, to his mind. A second attack, quickly followed by a third and a fourth, prostrated him completely, and he sank from point to point till, on the evening of Sunday, the 26th June, 1870, he expired, in his seventy-first year. It is worthy of remark that, like the majority of distinguished Scotchmen of late years, he died from failure of the cerebro-spinal centres—Sir Walter Scott, Professor Wilson, Professor Alison, Sir William Hamilton, John Goodsir, etc., having all been cut off by disease of that system.—*New York Medical Journal*, August, 1870.

Having been a great admirer of Professor Syme's writings, we proposed to republish them in this country. In 1856 we wrote to him, giving him a full statement of our views and purposes upon this subject, in answer to which we received the following letter:

"2 RUTLAND STREET, EDINBURGH, 30th Sept., 1856.

"ROBT. S. NEWTON, Esq., Prof. of Surgery, }
 "Cincinnati, Ohio, U. S. A. }

"My Dear Sir:—I feel much obliged by your kind intention, and may refer you to the last edition of my 'Principles of Surgery' (1856) for an expression of my matured views. In the Clinical Lectures published in the *Lancet* you will find more detailed explanations in regard to some particular subjects.

"I am, my dear sir, yours very truly,

"JAMES SYME."

We published his works with notes, and added many illustrations to the same, under the title of "Syme's Principle and Practice of Surgery," by Robert S. Newton, M. D.; and, notwithstanding 2,000 copies have been sold, there is still a large demand for the book.—[ED. E. M. REVIEW.]

CEREBRO-SPINAL MENINGITIS.—On the 12th of February last epidemic meningitis broke out in this locality, ten deaths in all occurring, eight of them during the first eight days. It has been confined to a locality four miles square. I will give briefly the symptoms and treatment we have adopted.

The first symptom was a chill, which lasted from one hour to six hours before reaction took place. Some few, in fact all of the fatal cases, never seemed to have a reaction at all, dying in from eleven to thirty-six hours—in fact, were dead before fever formed at all—the pulsation at the wrist being gone while the external arteries of the neck and face could be seen beating with a fretful or fluttering motion. If reaction came on there were more or less acceleration of pulse, heat of skin, intense headache, either in front or back part of the neck, in some cases extending down the spine; partial paralysis in some cases; in fatal cases coma, more or less profound, came on in from two to six hours and lasted till death. The tongue generally was covered with a thick, creamy coating, with more or less enlarged red papillæ protruding through the coating.

About one half the cases were profusely covered with petechiæ and dark purple spots like ecchymoses, from the size of a pin head to two inches in diameter. In those cases that recovered these spots sloughed and came out by a well marked line of demarkation.

The bowels and urine were apparently normal. Some cases were attacked as an ordinary case of inflammatory rheumatism, except the heat and swelling of the joints. The attack in all, as far as my knowledge goes, was sudden, and all of the fatal cases but two were attacked between midnight and 5 A. M. The pupils of the eye in all were largely dilated. The fatal cases occurred in those from five to twenty years of age—males and females about equal in number. Convalescence in the recoveries was slow—relapses none.

The treatment consisted in bromine in large doses, in some cases grs. v. every three hours, with capsicum; tinct. chloridi ferri in large doses, with stimulants; sinapisms to the spine, chest and extremities.

The quinine was generally given at first in hot brandy sling. In some cases, with a strong tendency to putrid symptoms, chlorine mixture was given quite freely. Such is a brief outline of the history, symptoms and treatment of the disease as it appeared here.—O. Logan, M. D., Albion, Erie Co., Pa., in *Med. and Surg. Rep.*

[The above description corresponds closely to the cerebro-spinal meningitis which was so terribly fatal among the drafted men in Illi-

nois, in January, February and March, 1865. In February, 128 deaths occurred in Camp Butler alone. The nocturnal onset, and the excruciating pain in the back of the neck, we well remember as prominent symptoms. The most varied and heroic treatment was utterly unavailing.]—*Eds. Med. and Surg. Rep.—Boston Med. and Surgical Journal.*

TRANSPLANTING TEETH.—Transplanting teeth, there is good authority for believing, has been performed successfully by several dental surgeons. Twenty years ago, a surgeon dentist in Ithaca, in this State, extracted the teeth of a person which had grown in sideways, and re-set them straight, the operation being quite successful. Recently, an English dentist of repute, a Mr. Coleman, has applied this process to the treatment of *periodontitis*, from which many persons suffer severely, and in frequent instances nearly or quite a sound tooth is extracted to afford relief. Mr. Coleman extracts the diseased tooth, cleans out the cavities, if there are any, and fills them; scrapes, the fangs clean from the diseased matter and accumulation of tartar which causes the pain, taking care, however, not to disturb the mucous membrane about the root of the tooth. He then bathes both the tooth and the cavity from which it was taken in a solution of carbolic acid, and returns the member to its place, using no mechanical appliance for making it keep its position, it becoming soon as firm as ever. These are singular statements, but are so well authenticated that they cannot be doubted.

THE MAMMOTH TREES OF CALIFORNIA.—Some of these are wonderful: and, though so much has been said of them, the subject always seems new. Dr. Stone, in his lectures a few evenings ago, on his return from California, gives a homely illustration of their height that will be appreciated by Bostonians. Place Bunker Hill monument, he said, in the midst of these trees, and lift over it a flag staff seventy feet high, from which fling the stars and stripes to the breeze, and the ever-green flag of the forest column would wave over that. A correspondent, describing one of the monarchs, says it is twenty-five or thirty steps around it, with ridged bark from ten to sixteen inches thick, and reaching to a height of from a hundred and fifty to three hundred and twenty-five feet high. One tree, which was cut down twelve or fourteen years ago, by means of boring through with augers, and in which occupation five men were engaged twenty days, left a stump which inside the bark was about eighty feet in circumference, and on which a stage driver turned a coach and six horses; and this tree was at least twenty feet less in circumference than some of them.

DR. LIEBRICH, of Berlin, asserts that he has discovered a substitute for chloroform, the use of which is free from all the disagreeable sensations consequent upon the use of that drug. He calls it ethylden chloride. It is a colorless fluid, of an agreeable odor, and very volatile. Sleep suddenly overtakes the inhaler, and he awakens quickly and involuntarily, as from a natural slumber.

CURIOSITIES OF EARTH.—At the city of Medina, in Italy, and about four miles around it, wherever the earth is dug, when the workmen arrive at a distance of sixty-three feet they come to a bed of chalk, which they bore with an auger five feet deep. They then withdraw from the pit before the auger is removed, and upon its extraction the water bursts up through the aperture with great violence, and quickly fills the newly made well, which continues full, and is affected by neither rains nor drought. But what is the most remarkable in this operation is the layers of earth as we descend. At the depth of fourteen feet are found the ruins of an ancient city—paved streets, houses, floors, and different pieces of mason work. Under this is found a soft, oozy earth, made up of vegetables, and at twenty-six feet, large trees entire, such as walnut trees, with the walnuts still stuck to the stem, and the leaves and branches in a perfect state of preservation. At twenty-eight feet deep a soft chalk is found, mixed with a vast quantity of shells, and the bed is eleven feet thick. Under this vegetables are found again.

ETHER INTOXICATION.—We referred in our last number to the prevalent use of ether for purposes of inebriation in certain counties of Ireland. A writer in the *Dublin Medical Press* says that “there is a widely diffused popular impression that ether is used as a stimulant by women of the higher ranks of society.” The same writer believes that, in the Irish district just mentioned, the practice is not due to the desire of “getting drunk more cheaply,” but to “the laudable efforts made by the Roman Catholic clergy in inducing their flocks to abstain from whiskey. The consumers of ether are said to be nearly all Catholics, and to belong chiefly to the class of small farmers, though the habit certainly prevails among mill hands and other operatives.”

The writer believes that there is less danger from the habit than from ordinary dram drinking, for the two reasons that follow: “If we assume that there is nothing specifically injurious in the action of ether, it will readily be admitted that, having a definite chemical composition, and not being very liable to adulteration with other fluids, it must be an improvement upon the sophisticated alcoholic potations, which, with these people, it has relapsed. Again, the affinity of ether for water is so slight that dehydration of the mucous tissue of the alimentary canal, and that apeptic action which so well mark the difference between the effect of ardent spirits and of alcohol in the form of unbranded wine, cannot be evils attending its ingestion.

The extent of the practice may be inferred from the fact that one Dublin manufacturer has supplied to Belfast alone at least 4,000 gallons yearly. Some towns of less than 3,000 inhabitants use from 250 to 300 gallons a year. The fashion dates back only about five years.—*Ibid.*

BUST OF HARVEY.—One of our distinguished artists, Horatio Stoke, of this city, has in his studio a colossal bust of Harvey, the discoverer of the circulation of the blood, which he has just finished.

POWER OF NATURE IN THE CURE OF DISEASE.—There seems to be a large class of practitioners who entirely ignore the power of nature in the cure of disease, and of its ability to relieve the system from the effects of poisons. We often receive, and also find recorded in the journals, vaunted cures of tetanus by some article of the *materia medica* which happened to be administered at the time, the reporter overlooking the fact that the same article has over and over again failed in other cases, and even that some more potent measure, such as amputation of the injured limb, may have been employed at the same time. This last, if it fails to cure in many instances, still may exert too important an influence to be entirely ignored. It should further be remembered that more than fifty medicinal agents of the most varied and even contrary action have been claimed to have effected cures of this affliction, and yet the mortality from it continues undiminished.

We likewise have received accounts of numerous cases of opium poisoning cured by belladonna, and of belladonna poisoning believed to have been cured by opium, and of strychnia poisoning cured by various articles. Now, without denying the possible antagonism of opium and belladonna, the fact must not be overlooked that both of these poisons, as well as strychnia, snake poison, &c., may be eliminated from the system by the natural emunctories, especially by the kidneys, and that if the patient can be kept alive long enough to enable the emunctories to eliminate those poisons, recovery from their effects will take place. Without wishing to discourage the use of antidotes, we desire to impress upon our readers that the great object should be to maintain life as long as possible, so as to afford time for the eliminative process to be accomplished, and that in order to duly determine the effects of supposed antidotes the powers of nature should not be ignored, but that an effort should be made to determine the precise agency of these two powers in every case of recovery, so that the real value of the so-called antidotes may be more certainly determined.—*Med. News.*

NEW REMEDIES FOR BURNS.—Two new remedies for burns are added to the long list. The first is charcoal. A piece of vegetable charcoal laid on a burn at once soothes the pain, says the *Gazette Medicale*, and if kept applied for an hour cures it completely. The second one is sulphate of iron. This was tried by M. Joel, in the Children's Hospital, Lausanne. In this case, a child, four years of age, had been extensively burnt, suppuration was abundant, and so offensive that the ward was uninhabitable. M. Joel ordered the child a tepid bath, containing a couple of pinches of sulphate of iron. This gave immediate relief to the pain, and being repeated twice a day—twenty minutes each bath—the suppuration decreased, lost its odor, and the child was soon convalescent.—*Med. Press and Circular.*

BARON LIEBIG has been seriously ill from a carbuncle and an abscess, brought on indirectly by overwork.

CHRONIC DYSENTERY—CASES IN PRACTICE. BY F. M. GERALD, M. D., NASHUA, N. H.—*Case 1st.* Mr. B. called to see me in July, 1869, saying that he had been troubled with frequent discharges from the bowels, of a bloody, slimy character, for the past three years; the disease was contracted in the army. I found, by his having this drain from his system for so long a time, that the circulatory and nervous system was becoming diseased, causing languor, a want of nerve or vital power. I commenced the treatment of this patient with the following prescription :

R	Glycerine Pura,	℥ iv.
	Tinct. Muriate of Ferri,	℥ iij.
	Acid Phosphoric dilut,	℥ iv.

Mix. Dose—a teaspoonful three times daily, in Mucilage of Althea; also ordered salt water sponge bath twice a week, and rub dry with a coarse towel. I also put him on the following :

R	Sub. Nit. Bismuth,	℥ iij.
	Hydrastis,	
	ⁿ Trillin,	aa ℥ ij.
	^r Tannic Acid,	℥ i.

Mix. Ft. Pill No. 100. Dose—3 to 6 the first thing after rising in the morning and the last thing before going to bed at night. I prescribed boiled rice and milk, beef tea, wheat bread three or four days old, and to have everything taken into the stomach perfectly masticated. I proscribed all spirituous liquors, salt pork, hot bread, etc. Under this treatment the patient got entirely well, without *renewing the prescriptions.*

Case 2d. Mrs. C., aged 36, has had from four to twelve bloody and mucous discharges daily, with great pain day and night; these discharges came on in June, 1869. This patient called to consult me February 22d, 1870. I prescribed the same treatment as in case first, and in less than ten days the pains were nearly all gone; discharges three or four times daily without pain; feels stronger; sleep not disturbed at night. *This patient had been taking opium all summer without any good results.*

THE following anecdote is going the rounds of the Paris newspapers, respecting the late Dr. Cabarrus: "He was called to see a well known actress, and after duly feeling her pulse, and looking at her tongue, pronounced that there was only one thing to cure her. 'And pray what is that, dear Doctor?' inquired the fair patient. 'Marriage,' replied he. 'You are single, are you not, my dear Doctor?' 'Yes, madam, but doctors only prescribe remedies—they do not take them,' was the witty homœopath's rejoinder." This is somewhat different from the story of a member of the profession in London, who, whilst attending a celebrated actress, made her an offer and was married to her. "Doctor, I'm very ill," said she. "What shall I take?" "Why, ma'am, take me!"

THE women have failed at Vienna and Munich, whatever they have accomplished elsewhere. A Russian Jewess applied to matriculate as a medical student in the university of the former city, but Dean Spath resolutely refused her. In Munich the faculty have decided that only males could legally matriculate.

SCIENCE AND FAITH.—In a review of Mr. A. R. Wallace's recent works on the Theory of Natural Selection, the *Nation* says:

"It is not a little singular that within a year two of the greatest thinkers of the day, who have gone furthest on the road which is generally believed to lead inevitably to atheism, have in all earnestness and in the true scientific spirit, declared that their studies have given them the abiding conviction that there is beyond this range of physical events an intellectual guiding force. Our author believes that all force is 'will force'—the will of a Supreme Intelligence; and Julius Robert Meyer, who has carried the idea of a correlation of forces to that point where the short-sighted believed he had left nothing but machinery in the universe, has declared that beyond all these phenomena must lie the Infinite Mind, and that his work so far from sapping has only strengthened the foundations of religion."—*Med. and Surg. Reporter*.

SIR JAMES Y. SIMPSON'S COURTING AND MARRIAGE.—The Lord Provost of Edinburgh is responsible for the following story. Sir James was at that time aiming at the chair of Professor of Obstetrics. The Provost says:

"When he began his canvass, amongst others he called upon me. I had always a taste—right or wrong—for a little badinage, and asked him how he thought it possible for plain unsophisticated town councillors to be competent judges of the qualifications of a professor of midwifery; I thought a jury of old wives a much more likely tribunal to judge impartially in such a case. 'Very true,' said he, 'but if I can produce testimonials from educated medical men who are competent judges of my qualifications for the office will that not enable you to form a correct opinion as to who is the best qualified for the position?' This I thought a reasonable view of the case, but I said I had a far more formidable objection than that. 'And pray what is that?' said he, in his most fascinating manner. I answered that I could vote for no man for Professor of Midwifery who is unmarried. 'Well,' says he, 'I never thought of that, but I confess it a fair objection—a real disqualification, and one which must be removed.' I learned a few days afterwards that the day following he started for Liverpool, where he knew of somebody who had no objection to be the wife of a professor, and within a fortnight he was back in Edinburgh, called upon me, and announced that he was now qualified according to *law*, and claimed my vote."—*Med. and Surg. Rep.*

STATISTICS prove that in the 69 years commencing with 1801 Russia has lost by small-pox 10,350,000 children.

CONGENITAL SMALL-POX.—At one of his recent clinical lectures, M. Depaul gave an account of an interesting case of congenital variola. A woman, 20 years of age, came into the Clinical Hospital, and was confined of twins, being five and a half months gone in pregnancy. One of these twins exhibited numerous, but not confluent, small-pox pustules of undoubted character, while its fellow-twin and its mother had none whatever. Neither the foetus nor the placenta showed any other lesions which could explain the miscarriage, which can only be attributed to the small-pox in the one foetus. It could not be made out distinctly whether the mother had been in communication with persons having small-pox; but, as the disease prevailed epidemically, this might easily be the case. She certainly had not the disease herself, and on her arms were good vaccine cicatrices.—*Gazette des Hôp.*

A CENTENARIAN.—Lazarus Fuchs, 112 years of age, is still living near Warsaw. Only three years have elapsed since his hair became gray, and when he was 93 years old he had a son by his second wife. His father lived 120 years, and his grandfather 126 years. So says the *Gazette Hebdomadaire*.

THE latest development of female medicine is made by a colored lady practitioner in Florida, who prescribed as a specific for rheumatism a pine knot over which a cart wheel has passed, grated and taken in decoction. Perhaps it invigorates the cartilage.

LADIES ARE TO BE ADMITTED to the medical lectures at the Carolinska Institute, in Stockholm, provided they have the same amount of preparatory knowledge as is required by male students. A college for the instruction of women in medicine is about to be opened in Paris.

CHARLES A. POPE, M. D., OF ST. LOUIS, MO.—This distinguished physician and surgeon died in the City of Paris on the 5th of July, 1870. Dr. Pope was a native of Alabama, born at Huntsville, March 15th, 1818. He graduated at the University of Alabama. He studied medicine at his native town, and attended his first course of medical lectures in the Cincinnati Medical College, and finally graduated with high honors at the medical department of the University of Pennsylvania. Immediately after this he went to Europe, where he spent two years. He located permanently in St. Louis in 1841. Soon after this he was elected Professor of Anatomy in the St. Louis University; later, he was chosen Professor of Surgery in the same. He was the founder of the St. Louis Medical College, which has been one of the most successful institutions of the West, retiring from the active labors of his profession. Has resided the greater portion of his time in Paris the last few years. Dr. Pope leaves a very interesting family, consisting of a wife and several children.

LADY SIMPSON, widow of Sir James Y. Simpson, died at Killin, Perthshire, Scotland, 17th of July, 1870.

AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

OCTOBER, 1870.

No. 4.

ORIGINAL COMMUNICATIONS.

FURTHER STATEMENTS OF PRINCIPLES AVAILABLE IN PELVIC THERAPEUTICS.

BY GEO. H. TAYLOR, M. D.

A LEADING purpose of the body is to evolve force—the force employed in overcoming its own inertia and the resistance of external objects, which latter is under the direction of the intelligence and will. The capacity of the body to secure these objects is, in general, a measure of its health.

The manifestation of force in an animal organization appears to be the collective energy of myriads of interior, invisible, elemental parts.

The expression of motion by muscular acts is the aggregated and directed action of these minutest elements. Our understanding is, that contact of elements within the body contained by its fluids, affords facility for chemical change, of which the chemical products always passing from the body are the evidences. These chemical changes are synonymous with organic disintegration. This latter act releases the force embodied in, and necessary to the constitution of the primary organic form, and this force hence becomes a free and available emanation of animal bodies. Precedent to this, however, is organic growth

or composition, effected by mere solution and rearrangement of atomic elements, without disturbing their combining force.

These primary actions, chemical and organic, of various kinds, are included under the general term *nutrition*. This, as before intimated, implies both the formation and dissolution of organized matter. The action of composition and decomposition, growth and destruction, are necessarily coincidents. The powers manifested by the nerves and muscles are the ultimate consequences of these nutritive actions. Details and proofs of these statements are contained in the books of physiology.

It is the evident purpose of remedial treatment to acquire control of these elemental acts, from which alone power emanates, for there is no other channel through which health can be influenced.

There are, probably, many legitimate methods, even in the same classes of diseases, of acquiring, *in some degree*, this control, because there are many ways among which to exercise a preference of inciting interior, molecular and chemical activity for therapeutic ends.

The reader, in tracing with us the *origin* of disease in the class of invalids under consideration, has found it to lie in certain specific defects. These are, in short, defective power and motion in the muscles of respiration, and defective power and tone in the capillaries of the pelvic region. These give rise to numerous consequences in the pelvis, specific in location and mode of manifestation. In other words, pathological symptoms, arising in the pelvic region, denote defective nutritive activity in those superior organs which dominate the position and circulation of the contents of the pelvis. To perfect the nutrition of these dormant parts is therefore equivalent to sustaining the visceral weight; to removing obstructions in capillary circulation, to promoting their interchange with interstitial fluids, and to facilitating the return of these organs to their normal condition from their periodical functional hyperæmia. The remedy most needed to effect a return from pathological to physiological condition is that which increases the nutritive action of the parts so suffering.

To what a limited extent local remedies respond to the needs

of these cases we have seen. The plain reason is that local regions are dependent and not self-subsistent. Co-related parts supply condition for the vitality of every localized region; this is the inflexible condition of power, and it is never continued with the connection severed.

It has been said above that the system evolves power in all its minutest power evolving departments. We shall now see that this power is susceptible of *conduction* and *transfer*, and that special localities, where it is deficient, may easily be benefited by that which has its origin in the system at large. This is, in fact, the case whenever we exert muscular power; for, though in case of a special act, the muscles of the acting part directly afford the power employed, yet the *conditions* for the continuance of that power are coincidentally transferred from parts quite beyond these from the whole system; besides, the *nerves'* force, which incites the muscular contraction, results from actions quite distant and distinct from the locality of the manifestation. The energy and also a due supply of material are therefore *transferred* in every manifestation of force. It follows that the aggregate power of the system may be regarded as a reservoir of force, capable of being called in any direction.

In this view we contemplate, on the one hand, *force needed*, on the other, *force to supply*. These two terms of the vital equation our system regards as complementary and equivalent; considered in connection with pathology, the equivalent expressions are *Disease* and *Remedy*. This force may be that which is self-generated, or, to some extent, derived. The powers of generation, I desire to prove, may be augmented to respond to specific needs. In default of the systemic force above described, it has been demonstrated that those interior actions, on which force depends, can be excited by exterior means; by the application of exterior and ordinary force, in the form of peculiar motions. Experience has decided that force thus evolved may be and is appropriated by the organs, and that it becomes remedial.

Medical science is teeming with devices, almost always having the form of drugs, for inciting *nutritive action* in local parts as well as in the general system. None, however, can attain to

the degree and the purity of effect of MOTION itself. None is so energetic, none so localized, none so economical of vitality. This agent excites fully and *only* those minute chemical and molecular actions by which vital energy is evolved. By other means we know not what other, and, of course, irrelevant actions are superinduced, and what expenditure of vital power is thus caused.

Motion may therefore be properly prescribed and employed to restore the nutritive conditions necessary to increase and to localize the generation of power in parts where it is wanting. In health the actions on which it depends are chiefly instigated by the *will*. In disease there is need for the supply of the incentive from some other source. The action of the will is difficult and injurious; hence, these actions are usually controlled and excited by medicines. This method, in chronic cases, is simply unnecessary. Motion can always be communicated to interior parts, and these actions descend from exterior causes, especially by the employment of exterior common force applied as motion.

It is hence seen that in two ways exercise or motion becomes remedial: one is *active* motion when the *muscles* are caused to act through the will; the other is *passive*, in which a limited portion or region of the body is rendered interiorly and *physiologically* active by mechanical causes.

Such exercises or actions, prescribed with strict reference to definite therapeutic effects, have received the appellation of *movements*.

The special use of *Active Movements* is to give direction to the powers and resources of the system, through a particular channel, to a designated location, so as to supply it in a higher degree with the conditions of vital energy. The whole system is thus caused to contribute to, and to perfect the vital power of a limited portion. This principle will receive constant illustrations in subsequent articles.

*Passive Movements** are employed to effect a variety of purposes, many of which are otherwise difficult of attainment. They can be so used as

* For a more complete account of passive vibratory movements the reader is referred to an article, by the author, in the New York Medical Journal for November, 1869.

To renew and refresh the circulation, and therefore the nutrition of any selected local point ;

To cause the blood to flow in increased amount *from* any part ; or,

To cause this fluid to flow in increased amount *toward* a given locality ;

To cause interstitial local absorption and the reduction of oedema and other swellings ;

To cause contraction of capillary walls ;

To produce quietude of pain ;

To correct and perfect the products of waste flowing from the body ;

To increase the use of oxygen by the system and the amount appropriated by the wasting tissues ;

To supersede, through these united effects, all local depletion, counter irritation, and revulsion by other means.

In chronic diseases the modification of the quality of nutrition commensurate with the needs of the case is effected by the increased use by the system of oxygen. Various drugs procure this effect to a moderate degree and to a very transient extent ; but, in this class of cases, the results of this effect, thus fitfully secured, is of comparatively trifling account. The failure of the respiratory muscles which we have seen *always must* precede and attend pelvic difficulties, also indicates deficient use of oxygen and the consequent accumulation of insufficiently oxidized wasting products.

Vibratory and other passive movements precede and coöperate with the development of the vito-mechanical conditions next to be described ; both are indispensable to attain the purposes in view.

To secure the effects aimed at in the application of the movements which follow, it is important that the processes be *orderly*. The usual manner is to begin with such operations as to call out the least of the patient's strength, and as shall evoke the least feeling, to be followed by others in gradation.

It is contrary to method to apply operations to affect the same part, if that be internal, in close succession.

In general, the region suffering disease should not receive

movements of any kind till after other parts of the body have been subjected to them.

The *revulsive* should be the first effect aimed at. The operations should be so selected as not only to correspond with the variety of disease, but especially with the degree of strength of the patient.

It is better that the treatment by movements be applied *daily*, at least till the symptoms receive considerable amelioration.

Avoid operations applied directly to the diseased region, especially if this is the seat of inflammation, or any condition tending thereto, as hyperæmia, in the first part of the treatment. Reserve this till the last, or nearly the last, and the patient will generally be astonished to find that the previous tenderness and other evidences of the affection have sensibly diminished.

The reason for this rule is obvious. The blood and nervous energy are increased in parts to which movements are directly made; they are diminished in corresponding ratio in other parts. A region already suffering hyperæmia or any of its derivative effects cannot safely bear an *increase* of blood, which such operations are sure so bring; but is benefited by such increase at points more or less remote.

An interval of from five to fifteen minutes must intervene between the operations, according to the kind employed. From two to three hours are occupied in the application of a prescription of movements. If less time is occupied the effects become less pronounced, confused and admixed, for want of time for the system to make its due responses; they degenerate into something like mild gymnastics. The specific and truly medical effects become quite lost if there be no time for distinct reaction.

THE COUNTERBLAST.—No. 2.

BY ALEXANDER WILDER, M. D.

“He stops awhile the pulse to feel
And then takes out his calomel.”

SAMUEL THOMSON.

THE famous doggerel from which this caption is taken was one of the most expressive, most just and most convincing im-

peachments of the Old School Samson. It could not be answered; for in it was a logic of facts which was irrefutable.

We have no fear or reluctance to give honor and hearty acknowledgment to the rude man who thus opened war upon one of the most baleful agents ever employed by men for the professed purpose of curing disease. It is not the first time on record that an untaught, illiterate man has brought men of science to shame, if the Acts of the Apostles speaks correctly: "Now, when they saw the boldness of Peter and John, and perceived that they were unlearned and ignorant men, they wondered; and they took knowledge of them that they had been with Jesus."

The feather of the pen of Martin Luther jostled the tiara of the Pope, because it opened up freedom of opinion and conscience to common men, and broke the authority of one man or body of men to mark out a line of duty for others. The doggerel of Samuel Thomson, in an analogous manner, shook the iron despotism of "Old Physic," emancipating a people from the thralldom, and compelling an entire profession to shield itself and its abuses behind arbitrary statutes and a code of ethics born of the Dark Ages.

Half a century passed away after Thomson had declared mercury to be a poison, destructive to the human body, and unfit to be employed as a medicine. It had not gone out of fashion to vilify his name; and many who rejoiced in his disclosures were still ashamed to acknowledge his real excellencies when, in the midst of the War of the Rebellion, the Surgeon-General of the United States issued the following pronouncement:

CIRCULAR No. 6.

SURGEON-GENERAL'S OFFICE, }
WASHINGTON, D. C., *May 4th*, 1863. }

I. From the reports of medical inspectors, and the sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps from this office to correct this abuse; an abuse, the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of pro-

fuse salivation but in the not unfrequent occurrence of mercurial gangrene.

It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the supply table, and that no further requisition for this medicine be approved by medical directors. This is done with the more confidence as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

II. The records of this office having conclusively proved that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the supply table being a tacit invitation to its use, tartar emetic is also struck from the supply table of the army.

No doubt exists that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration.

W. A. HAMMOND,
Surgeon-General.

The man who promulgated this order was a man of thorough classical as well as professional education, a "regular" physician, of "the most straitest sect," believing himself that there was a "proper administration" of the "powerful agent" other than as rat poison, and even now occupying a chief seat among the magnates of the "Old School." He it was who thus confessed judgment. "No doubt exists," he declared, "that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration." True, too—every word of it. The soldiers had more to dread from medical treatment, and found it more deadly than the bullets of the enemy. We remember well the consternation which that order created through the ranks of the Old School practitioners when the stern testimony was uttered against them. Not the masters of the girl from whom the Apostle Paul expelled the spirit of Python were more enraged, when they saw that the hope of their gain was gone, than were these men when calomel and tartar emetic were placed under ban. How intelligent laymen did rejoice.

Mercury has been very convenient; like charity, it covered the multitude of sins—the sins which proceeded from the physi-

cian's ignorance. For years it was administered in pretty much every case. As the irreverent Dixon expressed the matter, "suppose, for instance, that a person have an enlargement of the abdomen, and it cannot be ascertained whether it is caused by a collection of air, water, pus or fat—give calomel. If there be air, calomel is *anti-tympanitic*; if there is water, calomel is *anti-hydropic*; if there is pus, it is *anti-purulent*; and if there be fat, it is *anti-steatomatous*." For fever, biliousness, tic doreux, diarrhœa, dysentery, diabetes, dropsy, dyspepsia, inflammation of any of the vital organs, it was the panacea. Inflammation was regarded as an over-supply of vitality—the most absurd notion that ever entered a man's head—and calomel was used for its reduction. It was considered "alterative;" and, we presume, correctly so. A brother of the writer, when a youth of nineteen, overworked during the hot season, applied to a physician for advice and was treated to calomel. A few days afterward he visited his medical adviser, and desired to be made as well as he was when he received the first prescription. That achievement was not attempted, and he never regained firm health. He lived but eight years longer. In this case calomel was indeed alterative; it made great alterations.

Our detestation of the villanous drug began in early childhood, and has strengthened all through maturer years. We never saw it administered without a feeling of deep aversion; and the results of its employment, as we often witnessed them, have confirmed the sentiment. Among these examples were cases of scarlatina made mortal, pneumonia aggravated to helpless prostration, ordinary fever only mastered when chronic sore legs had become the sequence, a scrofulous infant drugged into idiocy, young men and women made weakly for a lifetime. If that is not quackery, charlatanism and imposture, then language is too feeble a medium to convey properly a vivid idea of fact.

We can multiply examples. We have known of children dosed into idiocy and hopeless ill health; and, indeed, some intelligent Old School physicians will acknowledge that it is unsafe when the patient is scrofulous. Doctor Samuel H. Dickson, of Jefferson Medical College, Philadelphia, recommending its employment for the enlargement of the glands, makes use of the

following expression : "Mercurials, which I object to and dislike to use, under all other conditions of scrofula, which I think rather tend to irritate and disturb a scrofulous constitution otherwise affected."

This objection is well founded. We have seen scrofulous children poisoned when the doses given were infinitesimal, and administered by a homœopathic physician. As scrofula is a pretty widely diffused complaint, this fact alone would seem to be enough to induce intelligent and conscientious physicians to abandon its use. Another professor of the same institution once declared that if he had the last pound of mercury in the world he would throw it away rather than suffer it to be used, so fearful had been the effects of this agent. Like mankind in the antediluvian world, it is so wicked that every imagination of the thoughts of employing it is "only evil continually."

Dentists, in their way, are culpable, as well as physicians. Many of them display a reckless unscrupulousness, if not a shameful prejudice and ignorance, which cannot be too severely censured. They persist in plugging teeth with "paste," and "osteoplastic fillings," composed of amalgam, to the serious injury of their patients. The practice, to be sure, is discountenanced in their associations, text-books and journals ; but it is, nevertheless, as common as it is pernicious.

The same unscrupulousness leads them to persist in the employment of vulcanized India rubber, as a base for the insertion of artificial teeth. It is more than probable that physiological reasons exist against the use of India rubber in any form for this purpose. It seems to exert, in some peculiar manner, a mischievous influence upon the health and spirits. But, in addition, the red coloring matter used to color the article is vermillion or sulphuret of mercury. Indeed, the material is called "rubber" merely by courtesy, for it consists of thirty-six per centum of mercury, twenty-four per centum of sulphur, all the rubber in the composition being the remaining forty per centum. We have known dentists to use the poisonous material, assuring their patrons that it contained no mercury or other noxious substance ; yet men are now living in this city who have been compelled to lay rubber plates aside because of the

mercurial disease which they communicated—ulceration, eating away of the tissue of the jaws and palate, etc. Sore mouth is a common occurrence when teeth have been inserted attached to such plates.

One dentist in this city declared, to a person so suffering, that he must have been salivated, and yet assured him in the same breath that there was no mercury in the rubber plate in his mouth. How men can lie so deliberately, or even regard themselves as honest or honorable when using such an execrable material, is beyond our power to explain. Indeed, very many dentists are quacks in their profession, and reckless impostors.

We can fill pages with testimonies of "regular" physicians in regard to its ravages; yet many physicians, and some honest souls among the laymen, are fond of assuring us that our milder medications may answer in ordinary cases, "diseases having changed in recent years," but that mercury is sure to be required in severer or more complicated attacks. Doctor Dixon, however, has very properly explained how it is thus serviceable: "There is one valuable property in calomel above all other medicines—it is this: If there is nothing the matter with the person who takes it there very soon will be; and although before its administration it might be impossible to know or say what was the matter—if anything—it will be very easy to do both after it has been given. Decayed teeth, bad health, foul stomach, irregular bowels, pains in the bones, weakness and weariness are a small portion of a large catalogue of ailments which are most distinctly traceable to calomel. Dyspepsia, dropsy, and piles or fistula may be very easily procured by any one who will undergo a course of calomel."

This witness is true. The blue mass, iodide of mercury, corrosive sublimate and other compounds, which are also bad, are all of them equally mischievous in their way. Yet, if we are informed correctly, there are physicians called "Eclectics" who will acknowledge that mercury is actually necessary in extreme cases of disease. We do not know why they are called Eclectics; it is an error in the application of the term. The members of the New School of Medicine never entered the field in behalf of hygienic and innocuous medication thus to sneak back and accept such a subterfuge.

A man once called upon a physician for a prescription. The doctor weighed him out a quantity of calomel and told the clerk to put it up in smaller doses, when a neighbor rushed in hurriedly and asked for some poison for rats. He could not wait, and the physician immediately gave him the "medicine" which had just been weighed out. The patient suddenly received new light. "I think that I am also in a hurry," said he, and he immediately followed his rat-infested neighbor into the street.

SUGGESTIONS AS TO THE CAUSE OF ASTHMA.

BY C. S. TOTMAN, M. D.

MESSRS. EDITORS.—The members of our State Eclectic Medical Society who were present at the semi-annual meeting at Rochester, in June last, will probably recollect the discussion upon asthma, its causes and treatment. Some suggestions were then offered by me respecting the cause of the chronic form of many thoracic diseases, and indeed of the acute also, especially of those known as "heart disease," asthma and lingering consumption.

Hysteria also seems attributable to a similar cause, in a different location, and probably diseases of other internal organs.

I have sought for many years for the cause of these obscure maladies, by studying the living diseased subject, but have never till the past week had the opportunity of showing, by a post-mortem examination, the probable truth of the theory formed; and that theory is that the immediate cause is largely due to disease of the nerves at or near the spinal chord where those nerves leave it within the vertebræ. In diseases of the chest the lesion is usually in the nerves of the lower cervical and upper dorsal vertebræ (in all cases opposite or a little above the organ diseased). Often a slight pressure there will produce immediate coughing, and sometimes, if the lungs are congested, almost suffocation.

On Thursday morning, the 18th inst., about one o'clock, I was called to visit a young man aged sixteen years, said to be in a fit, or dying. We went in haste, and found him cold and insensible, but very restless, tossing his limbs, and showing signs

of severe pain about the chest and head. With much difficulty we succeeded in giving some medicine, which, with other means used, produced a partial rallying, so that for a few minutes deglutition was tolerably natural and he would partially recognize and answer his mother. At first the pulse was very rapid, excited and pressed, but soon grew weaker, indicating sinking. Soon he was taken in another spasm, when pulsation entirely ceased, and death closed the scene in about thirty minutes after my arrival. Dr. Mercer (allopath) arrived a little after me, and remained till he died.

Believing from the symptoms, and what I could learn of the history of the case (he was a feeble youth), that there was disease of the spine, I requested the privilege of a post-mortem examining, which was kindly granted. Drs. Mercer and Searl, and Dr. Mowris (allopath), and three young gentlemen students assisted in the post-mortem. The examination showed a tubercular condition of the upper part of the left lung, and a tubercle nearly the size of a partridge's egg, and partly filled with pus, in the integuments, directly under the arch of the aorta. The walls of the arch seemed thinner and more distended than usual, and the left subclavian artery was ruptured where it branches from the aorta, forming a large aneurism, the lesion showing evidence of its being very recent—probably it occurred in some of the early spasms. The heart was natural and healthy. We removed some six or eight inches of the spine, that we might have a better opportunity for careful investigation. On opening it lengthwise, so as to expose the spinal cord, we found the nerves of the lower cervical and two upper dorsal vertebræ on the left side very much diseased, and the dura mater covering them discolored and tender, so as to tear much more easily than the healthy branches. The patient had labored more, using his arms much more than usual during the preceeding afternoon, though nothing severe for an ordinary healthy lad of his age; he ate his supper as usual and drank ice water pretty freely in the evening, retiring and going to sleep as usual. He was first heard, after midnight, by his mother, walking his room and complaining of *severe* pain across the upper part of his chest and in his throat, vomiting and purging some,

and soon falling in a spasm upon the floor, from which he was taken to the bed, where I found him.

From the investigation of this case the questions naturally arise as to what and how much influence the disease and irritation of those nerves had in producing the spasms, the rupture and death—and had they any connection with the chronic disease of those vital organs near them—if so, what?

THE FACTORS OF LIFE.—No. 3.

BY S. H. POTTER, M. D.

A GOOD knowledge of the laws of the action of heat upon bodies generally, or the science of thermotics, and the relation of heat to other forces, are of the first importance to mankind. And its proper regulation in our houses, and all places of occupation or business, is as much an evidence of civilization as proper ventilation with pure air, a supply of pure water, or suitable food.

Heat (Saxon, hæť), the name both of a certain primary sensation, which can only be defined by synonyms—warmth, calidity, &c.—and also of the unknown cause or agency that produces the sensation, together with a great variety of phenomena in the material world. All bodies are certainly under the influence of this agent, its presence being an indispensable condition towards fitting the globe for the habitation of life and intelligence. Heat manifests itself through a wide range of variations. All bodies expand when heated and correspondingly contract upon cooling, hence a convenient substance is chosen, as mercury, inclosed in a tube and fixed upon a graduated scale, to indicate the degree of heat within certain limits. To our sensation a body is hot or cold as it varies from our own, but our sense of heat is often inaccurate and fallacious.

Animal heat more immediately interests our profession—the special object for which these articles are written. All the higher classes of animals, as birds and mammalia, have the power of maintaining a uniform temperature within certain limits, regardless of the external medium to which they are exposed. No other animal has this power to such a degree as

*man. He can alternate from a torrid heat of 110° to 130° most of the year immediately to a frigid zone, and take his residence in a temperature from 70° to even 102° below the freezing point. Heat is indispensable to the lowest grade of animate existence; but in all classes it bears a certain proportion to the activity of respiration; cold blooded animals breathe slowly; hibernating animals, during their winter sleep respire very feebly, but when roused by external stimulus their respiration becomes active and their heat, which was low, returning. Birds, whose respiratory organs are more developed than in any other animals, have a temperature in excess of any other class. The expired air is not only loaded with watery vapor, but a certain portion of oxygen has been replaced by carbonic acid—the ordinary product of the combustion of pure carbon in oxygen gas.

Man takes daily into his system, in food, a large amount of carbon; a small part of this is found in his face and urine, although the most part of it has disappeared, yet he does not increase in weight; the carbon has been exhaled from the lungs and skin in the form of carbonic acid. Liebig estimates that a man exhales by the lungs and skin on an average 13.9 ozs. of carbonic acid per day; and Carpenter, that the lungs alone exhale 8 ounces in the same time. The carbonic acid is not formed in the lungs; it is brought to them by the venous blood from the right ventricle of the heart. In the lungs the carbonic acid is given off and the oxygen absorbed, and the blood thus vivified is distributed by the left ventricle and the arteries throughout the body, to be again converted, in the course of its circulation, into venous blood. The union between the carbon and oxygen is not at once completed and carbonic acid directly formed, as in ordinary combustion; doubtless a large number of intermediate compounds are formed which chemists have not been able to isolate, carbonic acid being the last of the series, each richer in oxygen than the preceding one. As much heat is produced as by the direct combustion of pure carbon in oxygen gas, the heat being simply diffused over a wider space and occupying a longer time. The exhaled carbonic acid is saturated with watery vapor. The ordinary daily amount of water thus exhaled is from 16 to 20 ounces. The greater part of this

comes from what we drink, but a portion is due to the union within the tissues of oxygen with uncombined hydrogen in certain kinds of food, and the heat thus produced helps to reinforce that produced by the transformation of carbon into carbonic acid. These are the two main sources of heat in animal life; but there is another independent of these—minute quantities of the phosphorus and sulphur, constituents of the tissues, are constantly oxydized and eliminated, as phosphoric and sulphuric acids, combined with some base; indeed, every change by which the tissues themselves or other substances which pass into the blood become further oxygenized, evolving caloric. A greater amount of caloric is required in winter than in summer, and there is increased appetite for heat-producing food and a large amount of carbonic acid exhaled. M. Barral, by experiments upon himself, proved that he exhaled 50 per cent. more carbonic acid in winter than he did in summer. In the torrid zone the appetite is languid, and the diet is largely watery, unsubstantial fruits, while in the frigid the Esquimaux revel on raw blubber of the whale and fat of the walrus.

The dyspeptic of feeble appetite and digestion is pinched and frozen in winter, while the strong and robust, having good appetite and digestion, are flushed with heat and increased in strength and activity. In starvation the animal heat is reduced and its loss is the immediate cause of death. Chossat's experiments showed that birds lived, when deprived of food, until every particle of fat was consumed which could be taken up. Up to that period the heat did not fall, until the last day, when it fell hour by hour until there was a loss of 25° , when death occurred. If after the fall had begun, and they seemed nearly dead, external heat were applied without the aid of food, they recovered their senses, moved about, and if the heat was continued until they received food and it was digested, they recovered. Fat is more important to aid an animal to resist starvation than volume of muscle. Martell gives an instance (*Trans. of Linnean Soc.* vol. xi., p. 44)—a pig weighing 160 pounds was buried in its sty 160 days under 30 feet of chalk of Dover cliff. It was alive when taken out, but weighed only 40 pounds, having lost 120. This shows that an animal deprived of food will live in proportion to the amount of fat it contains.

The normal temperature of man in health is about 100° , varying from $95\frac{1}{2}$ to 102° , or only $5\frac{1}{2}^{\circ}$. Muscular contraction occasions increase of heat, and general exercise not only raises the temperature of the muscles but that of the internal parts. Infants at maturity have a slightly higher temperature than adults, though less power of generating heat and resisting cold. The younger the infant the less heat-producing power, and is least in premature births. The temperature of the aged is the same as adults, but with less heat-producing power, like infants; and their power of resisting cold is materially lessened. A very cold day, or a succession of them, is the death-knell of thousands of old people and very feeble persons. In diseases attended with a feeble pulse and quickened respiration the heat increases from 2° to 8° , and in tetanus 10 to 15° ; the reverse occurs in diseases where the breathing and pulse are slow—as in asthma it has been as low as 78° , and in cholera down to 67° . It is a remarkable fact that in some diseases the temperature of the body rises considerably after death. This has been noticed in metritis, cholera and yellow fever, &c. Dr. Dowler, of New Orleans, tested an incision made in the thigh of one who had died of yellow fever and found it 113° . Thus molecular life exists in these cases after the patient expires; the voluntary muscles often contract, causing the body and limbs to change position, and the muscles may be made to contract by striking a sharp blow upon them.

Under exposure to external heat much above the temperature of the body it throws out perspiration freely and forms an atmosphere of its own, protecting it, and hence its temperature is never found much elevated under such a condition. In hot countries man is exposed to a temperature often above his own, as also are workmen in engine rooms, furnaces, glass works, &c. The workmen of Sir T. Chantry were in the habit of entering the ovens for drying moulds while the floor was red hot, with an atmosphere of 380° F., and Chabert, the celebrated fire king, would expose himself a short time to an air whose heat was 500° to 600° F. The thermometer placed under the tongue of a man under so great exposure to heat never was known to rise more than from 7° to 13° above the normal standard. Men who from

idiosyncrasy perspire more readily can endure external heat the best; and those who are laboring, causing free perspiration, suffer less in very hot days in summer than gentlemen (?) loafers who are idling away their time, with nothing useful to do.

Dr. Southwood Smith (Philosophy of Health) weighed, in their clothes, the men laboring in the gas works in London previous to their exposure to intense heat for 45 minutes in drawing and charging retorts and making fires. The average loss of their weight from perspiration in that brief period of exposure was 3 pounds 6 ounces: the greatest was 4 pounds 3 ounces, and the least 2 pounds 8 ounces. As is the case with cold so a continuance of hot weather always increases largely the per cent. of mortality, by exhausting the energies of the system and augmenting intestinal irritability. In large cities, and in much of fashionable life and habits, animal heat is augmented by gourmandizing and a free use of alcoholic stimulants, with either the mistaken notion of "bracing up" against the prostrating effects of continued hot weather, or else recklessness of wasting their vitality by such unpardonable habits. Mortality is thus largely augmented and thousands are annually brought to premature graves. If by such reckless means animal heat is suddenly raised above the normal standard the system afterward sinks correspondingly below its healthy condition, and if a fatal congestion of some vital organ, or apoplexy of the lungs, heart or brain is escaped, it is almost a miracle. All such persons are ever subject to sudden attacks of disease, and sure to cut short their life by many years. An intelligent regulation of animal heat, by wisely modifying our food and clothing, adapting them to the sudden changes of the atmosphere; by seasonable and suitable exercise; by regular sleep and rest of mind and body; by uniform cheerfulness and rational, moral habits, is of the very first importance to us all.



PERISCOPE.

Women Medical Students.

THE recent meeting at the Pennsylvania Hospital was favorable to the admission of women students. The extent of their

privileges are yet undefined, but we doubt not they will be able to secure such concessions as are desirable for perfecting their educations. It would be absurd for the managers to abate a jot of their former interest in the success of a cause which is now meeting with recognition wherever the mists of prejudice are removed. Despite all former opposition, it would be equally absurd for the male medical practitioners to attempt to curtail the education of women students, since the admission of the principle that all are entitled to the benefit of the hospital.

We believe that in ninety cases out of every hundred mixed clinics will prove mutually advantageous. They will also be more economical than any other kind. In the balance of the cases—those which come under the head of improper, according to over-strung imaginations—a simple request of the lecturer will secure the withdrawal of the women. But we do not insist upon this point. Separate clinics, with a little more expense and trouble, may be made as profitable to the women as mixed clinics. The foothold they have secured in the hospital should be made to inure to their full benefit. Whatever their communication with the authorities, the medical professors, or the male students, it should be cordial, so that studies may not be impeded nor rights impaired.

One other thought in this connection. The victory of free science has only been partially won. The warriors of each are now brought into closer contact than ever, and a new duty devolves upon the women. Devotion to their studies, success as practitioners, straightforwardness in all their aims, dignity in professional intercourse—these are the weapons which the shield of an effete conservatism cannot much longer turn. Women doctors are a necessity. This is the judgment of every woman in the land, and we verily believe of every man, too, except the doctors. Already they have added something to science. Physicians who have consulted with them have never been dishonored. Why, then, refuse to recognize them? The poor physician can afford to be indifferent in this matter—the good one cannot. A lover of a medical science—one who is above the trifling conventionalities of his profession, who stands on the broad champaign that spreads out beyond the hillocks and ravines of jealousy—will not refuse the courtesy of recognition to a fellow mortal engaged in searching after the same ores of truth. We understand the question of recognizing women physicians will be one of the many presented to the Convention about to assemble in Washington. Let it be met with a liberal spirit and the result cannot be doubtful. Pennsylvania Hospital has set an example well worth following.—*Forney's Press*.

Rigidity in Sudden Death.

THE most singular case of rigidity from instantaneous death, in the human subject, is that committed to Dr. Brinton by Mr. J. N. Burtnell, at the time of the observation a soldier in the United States service. The account is thus given :

While a detail of the United States soldiers were foraging in the vicinity of Goldsboro, North Carolina, they suddenly came upon a party of Southern cavalry, dismounted. The latter immediately sprung to their saddles ; a volley, at about 200 yards range, was fired at them, apparently without effect, as they all rode away with the exception of one trooper. He was left standing, with one foot in the stirrup ; one hand, the left, grasping the bridle rein and mane ; the right hand clenching the barrel of his carbine near the muzzle ; the butt of the carbine resting on the ground. The man's head was turned over his right shoulder, apparently watching the approach of the attacking party. Some of the latter party were about to fire a second time, but were restrained by the officer in charge, who directed them to advance and take the southern soldier alive. In the meantime he was called upon to surrender, without response. Upon a near approach and examination, he was found to be rigid in death, in the singular attitude above described. Great difficulty was experienced in forcing the mane of the horse from his left hand, and the carbine from his right. When the body was laid upon the ground, the limbs still retained the same position and same inflexibility. This man had been struck by two cylindro-conoidal balls, each from a United States Springfield rifle. One entered the body at the right side of the spine, and, emerging near the heart, dented the saddle skirt, and dropped upon the ground. The other entered at the right temple, and had no apparent exit. The horse had remained quiet, being fastened by a halter.

Crime as a Disease.

AN Edinburgh savant, Dr. Bruce Thompson, has recently published an essay upon crime as a disease. He offers the following propositions :

1. That crime, being hereditary in the criminal class, measures are called for to break up the caste and community of the class.
2. That transportation and long sentences of habitual criminals are called for in order to lessen the criminal offenders.
3. That old offenders can scarcely be reclaimed, and that juveniles brought under very early training are more hopeful, but even those are apt to relapse into their hereditary tendency.

4. That crime is so nearly allied to insanity as to be chiefly a psychological study.

The doctor enforces his theory by statements, of which the following may be taken as a sample: "The analogy of what happens by training among lower animals proves that class habits must necessarily be transmitted to the different classes of society. I do not think that the transmission of thieving and other criminal habits forms any exception to other analogies. One of the most remarkable examples of criminal family I know of was that of three brothers who had families amounting to fifteen members in all. Of these, fourteen were utterers of base coin; the fifteenth appeared to be exceptional, but at length he was detected in setting fire to his house after insuring it for four times its value. In the prison under my medical charge one hundred prisoners are known to be from fifty families. Of one alone are eight prisoners; often two or three at a time from a single family."

Artificial Generation in the Human Species.—(From the German.)

BY. E. VOGEL, Cincinnati, Ohio.

THE following is the substance of a notice of the *Allgemeine Medicin Central Zeitung* of a lecture of Dr. Girauld, delivered before the "Societie Medicale des Pantheon."

After Spallanzani and Rossi had injected, by means of a syringe, the semen of a dog into the vagina of a bitch, with the result of effecting pregnancy, Sims tried analogous experiments on human subjects, in cases of contraction of the cervical canal, flexion of the os-internum, etc. He commenced injecting from three to four drops of seminal fluid, which quantity at last he reduced to half a drop. Of fifty-five injections made during two years on half a dozen patients, only one case was successful; but in the fourth month of pregnancy abortion occurred in consequence of a fall and fright. Sims thinks that half of the number of experiments were made badly, with unsuitable instruments, or under unfavorable circumstances, leaving one conception in twenty-seven experiments, and expressed his belief that with more knowledge and experience, better results would be obtained.

Dr. Girauld, as appears from his lecture, has practiced artificial impregnation since 1838 with remarkable success. He tried it first successfully on bitches, and afterwards, at Floman's advice, on human subjects. His instrument was a hollow uterine sound, funnel-shaped at one end, and a little syringe; but he

prefers to propel the sperm by blowing through the sound into the cervical canal. The woman is placed in a position, such as for introduction of the speculum; the sound is introduced into the cervical canal under guidance of the left index finger. The following are some of the cases:

In the year 1838 the lecturer was consulted by Count L. in behalf of his daughter, twenty-three years old, who, having been married for three years without having any children, felt so despondent about it as to threaten to give herself to the first one at random in order to become at last a mother. The doctor found, on examination, an abnormally long and very narrow cervix, and suggested gradual dilatation. This operation was objected to by the patient as requiring too much time, and the experiment of artificial impregnation consented to. On April 27th the first injection was made, by means of a straightened and open male catheter; the semen of the Count was blown into the cervical canal of the Countess. This operation proving unsuccessful, a second injection was made June 5th, after which the Countess became *enciente*, and was delivered, on March 1st, 1839, of a healthy boy. 2d.—In the year 1839, a wife twenty-five years old, having no children, came under the treatment of the lecturer. Four days after the last menstruation he made the first injection, which, like a second one, had no result. A third one, made one month later proved successful, the lady being delivered at the proper time of a healthy boy. 3d.—August 27th, 1840, the lecturer was consulted by a musician affected with hypospadiasis, in regard to the sterility of his wife, then twenty-four years old. The married couple having been left alone for some minutes, the semen of the husband which had been gathered in a glass was injected into the uterus. Conception ensued, which, on March 30th, 1841, terminated in the birth of a girl. 4th.—A woman 27 years of age, having been married for seven years with a man sixty-five years old, without bringing forth children, was, after four injections had been made in vain, in consequence of the fifth operation, delivered at the proper time of twins, a girl who died within three months and a flourishing boy who lived. Since then the woman has not been pregnant. 5th.—A woman 26 years old, having been married four years without having children, became pregnant after a second injection, and gave birth to a healthy girl. 6th.—A midwife, twenty-six years old, being affected with hypertrophy of the posterior lip of the os, had no children. In 1857, after artificial impregnation, she gave birth to a boy, and has not conceived since. 7th.—The lecturer was as successful in the case of a woman thirty-five years old, whose husband was forty-six years of age. She gave birth to a boy after one injection.

tion. 8th.—A woman twenty-nine years old was without children after six years marriage; she suffered from fluor albus and descent of the womb. Artificial impregnation proved successful, and she became the mother of a girl. In two other cases, aged thirty-one and twenty-nine, no result was obtained after respectively one and four injections.

The following are the final conclusions of Dr. Girauld: *The human female can in like manner be impregnated artificially as the females of the different species of animals. The direct introduction of the semen into the uterus brings no danger to the woman. The spermatozoa live over forty hours, during which time they make their way through the uterus and tubes to the ovaries. Wherever on their passage they meet with the ovum they can fecundate it.*—*Cincinnati Med. Repository.*

Contra-Sexual Disease—Insanity.

THE attention of psychologists, both in this country and in Europe, has been of late directed with much interest to that perversion of natural instinct which induces its subjects to avoid intercourse with the opposite sex, and to gratify in their own sex those passions which, in a healthy physical and mental condition, are gratified only between opposite sexes. In its grosser forms the manifestations of such perverted instinct are recognized by law simply as crimes, and punished accordingly. But there are refined exhibitions which are not, and which can not rightly be, so estimated. Allied in a pathological point of view is the perversion of nature which leads in the opposite direction, and repels social intercourse with the same sex. This perturbation may exhibit itself in the inclination to wear the clothing of the opposite sex. Feminine men and masculine women are illustrations of it, though it is impossible to draw a line in this respect between the sexes which shall separate precisely the physiological from the pathological. As yet, woman's sphere is as undetermined as the paths of certain comets. Even if it were defined, we should still be unable to say how far eccentricities of movement were the result of defective or vicious organization. In certain countries of low civilization, persons who are conscious of perverted sexual inclinations imagine themselves more holy than others, and claim to belong to a higher caste. In countries where mind is developed, individuals so constituted are apt to turn their labor in intellectual and social channels, and may do some good to the world. Among the women who figure in public at the present time, illustrations of this view might possibly be found. Extremes border on insanity. Minds

that wander far from the common orb are liable to get beyond the centripetal attraction. If a natural balance be wanting this result is almost certain.—*Pacific Med. and Surg. Journal.*

Size of a Child in Relation to Parturition.

A FRENCH author, Villeneuve, referred to in the *Med. Press and Circular*, has published an elaborate work on the "Proportion which exists between the Size of Children and their Vital Resistance in Normal Parturition." He has established the fact that the number of large male children is greater than of female, and that the number of deaths of mothers in child-bed is the more rare in proportion as the children are larger. The explanation, of course, is, that the largest children denote the healthiest mothers and those best capable of enduring child-birth and its perils. Professor Simpson and most other obstetricians have held the opposite doctrine, which is certainly what would be inferred at first view.—*Pacific Med. and Surg. Journal.*

Chloroform to Detect Feigned Insanity.

A GERMAN medical journal mentions a case which happened in New York, and which we do not remember to have seen published at home. A man who had committed several murders, and who appeared to be insane, was put under the influence of chloroform. As he began to revive he answered questions with truth and reason. As soon as complete consciousness was restored, he saw that he had betrayed himself, and made a full confession.

Milk Diet in Diabetes.

Dr. ARTHUR SCOTT DONKIN, in the *London Lancet*, speaks in the highest terms of the success he has had in the treatment of diabetes, Bright's disease, Addison's disease, and fatty degeneration, with a diet *exclusively* of skim milk. In cases of corpulency he says it is far more efficacious than Bantingism, besides being more agreeable to the patient.

Poisonous Effects of Orange Peel.

Dr. GIBBONS says (*Pacific Medical and Surgical Journal*),

May, 1870: "Many years ago we had in charge two little girls, sisters, four and six years of age, who were seized with violent inflammation of the bowels from swallowing the rind of the orange. One of them died in convulsions and the other had a narrow escape. Since that time quite a number of instances similar in character have come under our observation. Quite recently we have seen a child, something over a year old, that was attacked with violent dysenteric symptoms for which no cause could be assigned. The attack came on during the passage of the family on the steamer from San Diego. The symptoms were so identical with those which we had previously noticed to arise from poisoning by orange peel that we were induced to inquire particularly if the child had an opportunity of getting this substance in its mouth. We were informed that it had been playing with an orange and nibbling at it just before the attack of disease. The discharges from the bowels were frequent and painful, and consisted of blood and mucus. After a week of severe enteric inflammation the child died. We have no doubt that the disease was brought on by the rind of the orange. Though but a small quantity must have been swallowed, yet a very small quantity of such an indigestible and irritating substance will often produce the most serious consequences. The oil of the rind is highly acrid and adds greatly to the noxious quality of the indigestible mass. We learn that it is a common practice among children at some of our public schools to eat the rind, and that juvenile merchants have been known to trade off the inside of the fruit for the skin.

Absence of Lung.

DR. W. DICKEY reports the following extraordinary case in the *Cincinnati Lancet and Observer*:

Miss L. M. B., æt. sixteen years, of pale complexion and frail constitution; was of consumptive parentage on her father's side; health only moderate from childhood. Eighteen months since her general health began to decline, with an increase of cough, with which she was always afflicted.

She never menstruated, but monthly phenomena, such as pain in the back, with heavings in the hypogastric region, were evidences that the efforts of nature were at work to establish that function.

Her appetite was always pretty good, but the assimilative powers were poor. No diarrhoea since last August. Had night sweats occasionally for the past eighteen months. During the last few months of her life there was green purulent expectora-

tion; but very little difficulty of breathing at any time. In September, 1868, I was requested by Dr. Pritchett, her attending physician, to examine her lungs by auscultation and percussion. Configuration of chest; general appearance contracted; development of right side equal to that of the left.

EXAMINATION: Percussion elicited a dull sound over the entire left lung. Right [left?] side unusually resonant. Auscultation confirmed the physical sign of extensive tubercular deposits. At this time no special indications of tubercular softening. Subsequently, however, softening took place, as purulent expectoration was a constant system. Heart—its position unusual. In place of left side, strong cardiac impulses were heard on the right side; so strong that its impulses indicated a hypertrophy, or at least an aneurismal heart.

Autopsy twelve hours after death. Present, Drs. Pritchett, Cleaveland and myself. On opening the thorax we found the left lung studded with tubercles, principally of the gray character; some, however, were yellow, and in process of softening. Lung in left side somewhat larger than usual, but consisting of two lobes, as ordinary. No lung in the right side; not even a rudiment at the bifurcation. Between the largest of pleura [sic!] the space was clean and beautiful. No lung had ever existed. Heart in the mediastinal space, but in the right side, corresponding to a natural situation in the left. Its walls were thickened and cavities somewhat enlarged.

REMARKS: It is to be regretted that a thorough examination was not made. Permission was given to make the examination but a short time before the hour appointed for burial. The malformation consists in but one lung. So far as I know, there is not a single instance on record of the kind. The situation of the heart is not to be wondered at. As there was no resistance in the right side, the lung in the left would evidently force its way over to the right side.—*Med. and Surg. Reporter.*

The Arsenic Eaters of Styria.

MEN of science who traversed Styria have long reported the fact that there were people in Styria who consumed arsenic. However, this statement was denied by others, who affirmed that the white mineral they ate was nothing but chalk.

Prompted by the importance of this subject, the royal medical counsel, Dr. Von Vest, occasioned the issue of a circular to the physicians of Styria, requesting them to communicate their experiences with regard thereto. Seventeen reports were obtained, from which the following is an extract:

The principal seat of the arsenic eaters—according to these—is in the northern and northwestern part; the southern part, however, is free from them. The district of Hartberg, in the former, counts not less than forty individuals who indulge in that habit. From the various sorts of arsenic, the white arsenic, or ratsbane, is mostly taken; less so the commercial yellow, and still less the natural red arsenic or orpiment. The arsenic eaters begin with a dose the size of a millet, and increase this quantity gradually to the dose of the size of a pea, the weight of these quantities being 0.22, 0.56, and 0.62 grains avoirdupois, respectively.

These doses are either taken daily, or every other day, or only once or twice a week. In the district of Hartberg the custom prevails to suspend this unwise usage at the time of the new moon, to commence at the time when she is on her increase with the relative smallest dose, and to increase with it to the time of the full moon. From this period the quantity is diminished, but aloes are taken in increased doses till strong diarrhoea is produced. Directly after the administering of arsenic, most people abstain from drinking; and with regard to aliment, some prefer pasiry to meat, while others abstain from the taking of fat. However, the majority will take all kinds of food, indulging also considerably in the use of alcoholic beverages. Older persons, who have been accustomed to that habit from their boyhood, feel a sensation of warmth in their stomach shortly after taking the poison, complaining only of dizziness in the head after excessive use.

The ratsbane eaters belong mostly to the lower classes—wood cleavers, stable grooms, charcoal burners and wood warts. They fall into that habit at the early age of fifteen, and continue it until the ages of seventy and seventy-six. Although the female sex is not averse to it, the majority belong to the male sex. They are generally strong and healthy persons, courageous, pugnacious and of strong sexual dispositions. The reason of this habit is very probably attributable to the fact of its apparent favorable action upon horses. If requested to explain the reason of their indulging in it, they will say that it is to make them strong and healthy.—*Med. and Surg. Reporter.*

Treatment of Acute Indigestion.

DR. THOS. K. CHAMBERS, London, (Indigestions) advocates the following treatment of acute indigestion, based on pathological condition: The first condition is to spare the weakened organ as much as possible. Complete rest should be secured to it, by

administering only liquid food whose absorption requires no action of the gastric glands. Weak beef tea is the best diet, and rest of limbs best secures rest of the abdomen.

Let alcohol be avoided as a poison: it arrests still further the arrested vitality of the stomach.

Poultices and fomentations to the epigastrium relieve pain, and keep the patient on his couch. Mustard poultices and other counter irritants do harm if there is inflammation, and less good than fomentation if there is not.

Emetics are wanted only when completely insoluble vegetable fibre is the cause of the disease. The mildest are the best, warm mustard and water.

The natural termination of indigestion in diarrhœa is an argument for the use of purgatives; but they should be mild, otherwise they hurry the augmented secretion through the intestines with a deal of griping, and yet leave the undigested matters behind. The most eligible form is that of enema, with a little mustard in it.

In children, purgatives are apt to bring on a continuance of diarrhœa, if given for stomach ache, and they also gripe a good deal. If necessary, let gruel enemata be given. In the acute indigestions of infants, minute attention should be paid to the quality of the milk. If the suckling mother or wet-nurse should be menstruating, have recently resumed matrimonial intercourse, or had any mental excitement, the milk too readily sours. The child should have it from a bottle, with a teaspoonful of liquor calcis to the tea-cup. The same addition may be made to cow's milk, if the child is fed on that. If there is diarrhœa, a teaspoonful of water arrowroot alternately with the liquor calcis.

Flexion as a Hæmostatic Means.

IN the course of an admirable address in surgery, delivered at the late meeting of the British Medical Association, Mr. George Y. Yeath, surgeon to the Infirmary at Newcastle-upon-Tyne, recounted the results of some experiments undertaken to decide the efficacy of flexion as a hæmostatic means as follows:

A. *Upper Extremity*.—1. Forearm bent on arm by muscular action of the individual experimented on. In persons with considerable muscular development, pulse at the wrist entirely stopped.

2. Forearm bent on arm simply, with the hand flat on the shoulder. Pulse weak and indistinct sometimes, but rarely quite weakened.

3. Forearm bent on arm, with hand pronated. Pulse more weakened, sometimes stopped.

4. Forearm bent on arm, hand pronated and extended. Pulse usually quite stopped.

5. Forearm bent on arm, hand pronated and bent at wrist. Pulse either almost imperceptible or quite stopped.

6. Forearm bent on arm, with a roll of lint, or cambric pocket handkerchief rolled up and laid in bend of elbow. Pulse always entirely stopped.

B. Lower Extremity.—Leg flexed on thigh. Pulse in posterior tibial artery much weakened.

2. Leg flexed on thigh, and thigh on abdomen. Pulse in posterior tibial stopped altogether, almost invariably.

3. Leg flexed on thigh, with a roll of lint or cambric pocket handkerchief laid in the bend of the knee. Pulse stopped in some cases; not always; but with flexion of thigh on abdomen also, pulse invariably stopped.

4. Thigh bent on abdomen, the trunk bent forward. Pulse materially weakened.

From these experiments, as well as from those cases of actual bleeding in which this method has been used, it may fairly be inferred that we possess in over flexion a blood controlling agent of considerable power, which can be applied on the shortest notice, which requires neither instruments nor apparatus other than can be obtained in the poorest cottage: which can be put in force by any one possessing neither special knowledge nor operative skill; which is not dangerous in itself, and which may be relied upon with certainty to restrain bleeding, at least temporarily, even when it may fail permanently to arrest it. The bleeding from a wounded artery is so striking a thing—so many circumstances occur to attract the eye and arrest the attention—the crimson blood flying in jets across the room, or welling from the wound; the deathlike aspect of the bleeding man—his livid palor and convulsive agitation; these are so appalling, the absolute danger is so great and imminent, that we do not wonder if the ordinary bystander is palsied by affright, and the surgeon himself deeply impressed by the gravity of the situation. It is to such a scene that, suddenly and without preparation, he may be summoned, perhaps to some remote place—it may be in the middle of the night. Without assistants, except the terror-stricken spectators who encumber the room, by the flickering light of a candle, a practiced operator might hesitate to undertake the search after the wounded vessel. If then, at such a time, the mere flexion of a joint will remove the danger, allay the tumultuous excitement, dissipate the apprehension and

anxiety, and relieve the surgeon from an embarrassing and perhaps doubtful operation, were it only temporarily, it is surely a valuable addition to our resources.—*Med. Gazette.*

Cancerous Affections Successfully Treated.—BY E. A. KUNKLER.

DR. KUNKLER, in an extended article upon this subject, giving several cases which he had treated successfully, draws the following inferences :

1st. Cancerous affections are always the result of irritation, present or past, direct or sympathetic, single or multiple; and no cure can be effected unless the causes, if still present, are ascertained and removed.

2d. Inflammatory action in a cancer is the result of irritation; the severity of the first depends upon the intensity of the last; and tonic inflammation will subside with the cessation of the irritation, while atonic inflammation will continue, although the original irritation might have ceased, and, consequently, atonic inflammation must always be attended to.

3d. Acute inflammation leads to suppuration, chronic inflammation leading to abnormal nutrition and induration of the affected parts, according to the degree of inflammation and the tissues involved.

4th. Scirrhus cancer is an aggravated induration by fibrinous deposits, causing obliteration of the blood vessels in the affected parts, whereby softening and mortification of these parts are occasioned.

5th. Encephaloid, colloid, and the fungoid forms of cancer are the result of various morbid processes involving different tissues and blood vessels.

6th. The cell formations observed in some carcinomatous affections depend on perverted plasma, in which the cells are floating, from which they imbibe an abnormal nutrition.

7th. The offensive odor in the advanced stage of cancerous affections is the result of the decomposition of the animal tissues, whereby sulphuretted and phosphuretted hydrogen are formed.

8th. The destruction of the tissues in cancer is produced by the effect of these fetid gases, especially by the sulphuretted hydrogen.

9th. To arrest the progress of cancer, the removal of the affected parts is sufficient only when the original irritation has subsided, and there is neither atonic inflammation nor induration in the neighbouring parts; but in all the forms of the dis-

ease proceeding from internal irritation, and from atonic inflammation and induration, no permanent cure can be expected unless all the pathological conditions are rectified, and the blood brought back to its normal standard.—*Pacific Medical and Surgical Journal*.

On the Alkaloids of Veratrum Viride and their Therapeutical Effects.—BY HORATIO WOOD, Jr., M. D., of Philadelphia.

MR. BULLOCK, of Philadelphia, has described two alkaloids in the *veratrum viride*, one soluble and the other insoluble in ether; and Dr. Wood has investigated the physiological action of these two alkaloids, as well as that of the resin associated with them. His experiments were made upon some of the lower animals with the alkaloids in question, to which it is proposed, in the forthcoming edition of the *United States Dispensatory*, to give the names *viridia* and *veratroidia*. The general results at which Dr. Wood has arrived are that there exist considerable differences in the action of *viridia* and *veratroidia*, the former being only slightly, if at all, locally irritant, never producing vomiting or purging, exerting no direct influence on the brain, but acting as a depressant of the spinal cord and of the circulation; while the latter (*veratroidia*) is somewhat irritant when locally applied, and is an irritant emetic, and sometimes a cathartic; but, like *viridia*, it exerts no direct influence on the brain, and is a depressant of the spinal cord and of the circulation. *Veratroidia* appears to hold, physiologically as well as chemically, a middle position between *viridia* and *veratria*. The resin of the *veratrum viride* appears to have no very active properties. Dr. Wood thinks that *viridia* will prove to be a valuable remedy, possessing all the sedative influence of the *veratrum viride* without the nausea and vomiting which the plant itself often produces. Dr. Wood has taken *viridia* himself, in order to test its properties, and he thinks that this alkaloid might be given in the dose of one sixth of a grain repeated every hour.—*American Journal of the Medical Sciences*.

Carbolic Acid Preparation.—BY T. A. REDWIN.

MR. T. A. REDWIN, in a paper read before the British Pharmaceutical Conference, gives the following as advisable proportions in the use of carbolic acid:

As a rule, it is better to dissolve the crystallized carbolic acid

(Calvert's) in the proportions of one part by weight of the acid to six of glycerine (carbolate of glycerine). In this state it can be diluted equally indefinitely.

In general, a dose of carbolic acid is 1 grain in an ounce of water.

As a gargle, 1 or 2 grains to an ounce of water.

As an injection, 1 grain to 4 ounces of water.

As a lotion, 15 grains to an ounce of water.

As an ointment, 30 grains to an ounce of benzoated lard.

As a liniment, 1 grain to 20 of olive oil.

As a plaster, 1 part of carbolic acid to 3 of shellac.

The crystallized carbolic acid to be used as a caustic.

The carbolate of glycerine, as above, should be used in 1 or 2 drop doses.

Antiseptic oil for abscesses, 1 part of acid to 4 of boiled linseed oil.

Antiseptic putty, 6 spoonsful of the antiseptic oil mixed with common whiting.

Aqueous solution of carbolic acid is 1 part of acid to 40 of water (1 ounce of acid to a quart of hot water well agitated and filtered).

Sick rooms, to disinfect, place a portion of the dissolved acid in a porcelain dish, and float it in a large vessel of hot water.

Disinfecting purposes generally, 1 pound of *crystals* to 6 gallons of water. *Fluid*, 1 part to 80 of water. *Powder*, 1 ounce of crystals with 4 pound of slaked lime.

For drains, take 1 pound of the fluid carbolic acid to 5 gallons of warm water.

Toothache is often cured with 1 drop of carbolate of glycerine; and diarrhoea arrested in half an hour with 2 drops.

In all cases of parasitic life it is advisable to commence with very dilute carbolate of glycerine.—*Chemist and Druggist*.

Clinical Teaching.

THE tendency of the medical mind seems to be more and more, every day, in favor of clinical instruction, and we believe that the more our young men are made familiar with disease at the bedside, and are enabled to watch the practice of their seniors in the case of accident or disease, the better will it be for them, the better will it be for the people, the better will it be for the future of the profession, and the less likely will we be to have those suits for malpractice which every now and then create such dismay, annoyance and expense among the whole body of the profession, and the less likely will we be to have that discrepant medical testimony which is now so invariably given on

these occasions, and is the cause of so many sneers and gibes at our expense. No greater mistake was ever made than when young men were sent out to contend with diseases and accidents in districts far removed from counsel or assistance, without having had the most ample opportunity afforded them of studying diseases and accidents, as they actually present themselves, in the wards of a large hospital. But we hold that it is comparatively little use for a student to walk the wards of the best appointed hospital unless some older head takes an interest in pointing out to him the various phases which the same disease is capable of presenting at different times, and instructing him how to discriminate between diseases which often resemble each other very closely in outward appearance, but differ very widely as to their essential characters. This brings us back to the old question of clinical instruction, and the possibility of getting it more fully recognized in our own hospital, which, after all, furnishes a fair amount of material for instruction if it were only utilized.

When we look over the announcements of the American schools, we are struck with the prominence which they all justly give to this department of their courses, and the ample provision being made, even by the oldest and most conservative of them, for its efficient treatment. Even so old an institution as the University of Pennsylvania has been compelled to follow the popular current, and a few weeks ago appointed no less than six clinical lecturers.

We think the present rather a favorable time for the inauguration of this new feature in connection with our Toronto schools, and that an effort should now be made to reorganize our existing medical schools, or to establish a new one altogether, on the recognized basis of clinical teaching; and we are fully persuaded that if this be done, that school, whichever it may be, that most fully carries out the principle will occupy the foremost place among our educational institutions, and will receive the most hearty approval of the public, the profession and the future medical students.—*Dominion Medical Journal*.

The History of Anæsthetic Discovery.—Second Chemical Stage—Discovery of Etherization.

WE stated at the close of our last part the two leading facts which brought on a more correct advance in the physical study of the anæsthetic process. We explained how Sir Humphrey Davy had pointed out the application of nitrous-oxide, and how

Faraday had indicated that sulphuric ether possessed analogous properties with the oxide. We showed, further, that from the year 1800, when Davy's researches were made, nitrous oxide gas, and afterward ether, had been frequently employed in the lecture room for illustrating the power they possess of producing inebriation and insensibility, by inhalation.

Thus we are brought from the beginning of the present century to the year 1839, and to that stage which we have called the second chemical stage of discovery. We do not, however, immediately descend upon this stage, but are led to it by a curious and unexpected history.

It might be assumed, when the knowledge we now possess is clearly before us, that the transition of experiment from the lecture room to the operating theatre was a direct and natural progression. Surely, if a student could be made unconscious, powerless, and so insensible to pain that he could be thumped by his fellows, pricked, or pinched, or if on himself he could inflict injuries by striking or falling over hard substances, and finally could awake as from a sleep knowing nothing of these things—surely, then, it were easy to put a patient under the same condition of unconsciousness, and to repeat in earnestness what had previously been a jest of science. And yet it was not so. We can find no word, up to the period we have named (1839), indicating on the part of any one—chemist, physician or student—this apparently absurdly easy transition from theory to practice. Thus things most plain are often longest concealed, and thus, perchance, in our own day, we may be actually observing some line of experiment which may in the future yield results that shall constitute another new era in practical medicine.

In anæsthetic discovery, the transition from the first to the second chemical stage is marked by a singular and instructive episode—a divergence from the strict and natural line of inquiry, which for a moment led men from the grand highway of research into a wandering, mysterious, and, as far as we can see, useless byway, from which they wandered again into the straight path, this time to follow it to the obtainment of definite truth. The byway was the so-called mesmerism.

The hypothesis on which mesmerism is founded, and which, very improperly, is assigned to Antoine Mesmer as its author, is in truth of very old date. Lucius Apuleis, of whom we spoke in our last, as the possible author of the work "*De Herbis*," which contains mention of mandragora, describes in his famous defence and discourse on Magic the kind of trance which the moderns claim to have been first induced by Mesmer. Thus, speaking of the young, he states that "the human mind, and

especially the uncontaminated mind of a boy, may be lulled to sleep, and may be so estranged from the body as to become oblivious of the present, being either summoned away from it by the agency of charms or else enticed by the allurements of sweet odors; and so all remembrance of what is done in the body having been banished for a time, it may be restored and brought back to its original nature, which no doubt is divine and immortal."

Toward the close of the eighteenth century this old notion was revived in Mesmer, who was a pupil of the Jesuit Father Hehl, astronomical professor at Vienna, and a staunch advocate of the efficacy of the magnet for the cure of human maladies. For many years mesmerism held a certain position in the estimation even of some learned men, and, had it been confined to the illustration of one particular order of facts, it might have obtained a curious though perhaps limited space in philosophy. Unfortunately, its advocates ran away from simple facts into exaggeration, next into exalted enthusiasm, and finally, as is common, into sheer quackery—innoent at first, peculative afterward. In the midst of all its errors, weaknesses, extravagances, falsenesses, mesmerism, nevertheless, rendered service in one direction—that is to say, as we have already put it, while it enticed some men from the true physical path of inquiry on anæsthesia, it suggested them a way back again into that same high road, to follow it now more safe and successfully.

Among other claims made by the disciples of Mesmer this prominent claim was set forward—viz., that certain individuals could be put into such a state of what Braid—dissenting from the mesmerists as the cause of the phenomenon—called "hypnotism," that painful surgical operations could be performed upon them without consciousness of pain, or indeed the consciousness of the operation having been executed. The evidence is strong, if not conclusive, that in this claim there is a scrap of truth. It has often been observed that over fowls and pigeons a certain hypnotic influence can be exerted by simple mechanical motion, and, indeed, that these animals can sometimes be so placed in a state of torpor that an observer, who had not seen the production of the hypnotism, would imagine a narcotic had been employed to produce it. Indeed, the phenomenon of natural sleep may possibly be traced back to the persistent and prolonged mechanical impressions of the external world made during waking hours upon the brain. In some peculiarly susceptible individuals the artificial sleep—or hypnotism of Braid—may also, if we can accept evidence we have no right to dispute, be induced, and, by a tedious and often repeated process, may be so intensified

that the body is rendered unconscious of the external world, and even of those intense impressions which come under the term pain. Dr. Esdaile, for example, observing the susceptible nature of Hindoos, performed a series of experiments in India, which created so much attention for some years, that in 1846 the Deputy Governor of Bengal appointed a Committee to observe and report on the surgical operations performed by Esdaile upon patients under the alleged influence of mesmeric agency. The Committee included Dr. Atkinson, Inspector General of Hospitals, Dr. O'Shaughnessy, Dr. Stewart, Presidency of Bengal, and other men of eminence and position, who reported on various experiments carried out under their own observation. Some of the results were doubtful, others singularly successful. Thus, in one case, on Sept. 17th, 1846, amputation of the thigh of a man was performed during the hypnotic state by the double flap operation, and seven bleeding vessels tied; during the whole period not the slightest tremor of limb nor movement of the eyes or eyelids occurred. The patient became fully awake after thirty-two and a half minutes after the commencement of the operation; at forty-two minutes said he was hungry, was willing to have his limb removed, and was unconscious that the operation had been already performed. In another case of hypertrophy of the scrotum a tumor weighing $16\frac{1}{4}$ lbs. avordupois was removed without pain, the length of the incision through the skin being found on measurement to be $38\frac{1}{2}$ inches. In the third case the symptoms of stupor induced by Dr. Esdaile on a youth were so like those of narcotism from a narcotic, that Dr. Stewart believed the patient had drugged himself with Indian hemp—"bang;" but as, at their request, he was reawakened in a few minutes, the members of the Committee agreed that this suspicion was unfounded. In a fourth and still more remarkable case, Dr. Esdaile removed from a Hindoo, twenty-seven years of age, a scrotal tumor which measured seven feet in circumference and two feet around its neck; the tumor was as large as the whole body of the man, and, half an hour after it was removed, was found to weigh 103 lbs.; it was in fact, nearly the same weight as the body of the man. The operation was performed without the least evidence of consciousness or pain; the time occupied in the operation was six minutes, including the application of ligatures to the spermatic and other arteries.

We write these facts with the report of the Government Committee before us, and with the manuscript copy of an unpublished but most able commentary on the whole, by Inspector General Atkinson, who presided over the Committee, and we are forced, on all the evidence, to accept as truth that, previous

to the general introduction of anæsthesia by inhalation, some rare and exceptional operations had been performed painlessly without inhalation. It is instructive, in reading the report of the Committee, and in comparing the observations of the members with observations since made on persons narcotized with volatile anæsthetic vapors, to notice the similarity of phenomena presented in Esdaile's cases with those observed in cases of true anæsthesia; for instance, the reflex movement described as occurring at the first incision, when the hypnotism was not perfect, is identical in what we often see in persons who are under ether or chloroform. The semi-consciousness which some of his patients evinced during the operation, with utter forgetfulness of the operation afterwards, is identical with what has been observed in persons under the influence of the ethers, and also especially under amylene; the rise of the pulse during operation, the position of the eyeballs, and, lastly, the unconscious, but as it were, instinctive occasional grasping of bystanders, which was seen in some of Esdaile's cases, are all phenomena of what occur frequently in anæsthetic sleep from narcotic inhalation before the third degree of narcotism is fully established.

We do not for a moment believe, in stating fairly the above facts, that if other means of anæsthesia had not been developed the so called mesmeric sleep would have come into successful practice as a method of removing pain during surgical operations. At the best, it was a troublesome procedure; it was often unsuccessful, and it seemed to be successful only in persons of peculiar susceptibility. But we refer to it because it was a prelude to the really successful and physical methods which were to follow, and because it led indirectly to the practice of employing narcotic vapors for anæsthesia.

(To be continued.)

EDITORIAL.

THE ECLECTIC MEDICAL COLLEGE.

THE regular session of the Eclectic Medical College of the City of New York begins on the 12th of the present month. We bespeak an early attendance of students; it is a benefit to themselves, and adds greatly to the usefulness of the professors. Besides, this year the number of instructors has been increased, which makes it less convenient to omit any part of the lectures.

We need not call the attention of any physician who takes interest

in the cause of medical reform to the importance of having more students. There is not only room for reformed physicians, but the social and professional status of those now in practice cannot be maintained except there are more added yearly to their number. The more practitioners there are of one school of medicine the more room there is for them.

The Eclectic Medical College of New York is the only institution of the kind east of the Alleghany Mountains. It has the approval and recognition of every Eclectic Medical Society in the several States. Our professional brethren cannot afford to let it languish; the more it prospers the more assured will be their prosperity. The institution is broad in its principles and carefully just in their maintenance. Women are as welcome at its courses of instruction as men. All are taught alike and are required to exhibit a like proficiency. We take pleasure in extending, therefore, to all, the invitation—"Come, for all things are now ready."

DOCTORS' LATIN.

WE have little liking for the affectation of learning expressed by medical men when they flaunt their technical language and use Latin. It may smack of learning, but often the erudition actually possessed is as scant as the old woman found the bird flavor to be in her broth when she cooked the rail on which the crow had sat.

Perhaps we may belong to the school of Jack Cade, who deprecated "that the skin of an innocent lamb should be made parchment, and that parchment, being scribbled over, should undo a man," and impeached a man for having "most traitorously corrupted the youth of the realm in erecting a grammar school." But, nevertheless, however unformed our taste, pedantry is not learning, and words difficult to mouth do not prove their utterer a savant.

We have seldom found good reason to abandon our mother English when discussing about medicine, physiology or anatomy. There is just as much erudition, good sense and modesty in employing our own vernacular as in torturing French and Latin to name things with. If the purpose of language is to make oneself understood, ours is the better way. The affected and unnecessary employment of technical language is about as worthy of emulation as the croaking of a frog; and it is certainly about as intellectual a pastime and as characteristic of genuine scholarship.

We are, nevertheless, inclined to regard with favor the use of Latin in the diplomas conferring academical degrees. For many centuries the learned men of all countries had that language common to them all, thus establishing it as the language of the republic of letters. Science knows no territorial limits, no specific nationality, no rank or sex; all who possess it are one people—"of one language and one speech." We apprehend, therefore, a propriety in using a common dialect in matters pertaining to their own class; and as Latin has been heretofore used there may be good reason for continuing the practice. There are, however, two sides to this question, especially as the Latin often used in diplomas is most execrable, and as very many persons receiving degrees, especially in medicine, are unable to read it understandingly.

The use of Latin in medical prescriptions has often been the occasion of fatal blunders. Few physicians write the language well, and druggists are often confounded with their unintelligible learned gibberish. The student who rendered *Tempus fugit* into "few get time" was clever beside most doctors and druggists in the way of getting over Latin. If the language is employed for the purpose of concealment, the person doing so is little better than a charlatan.

The following anecdote well illustrates the curious mistakes arising from not using the vernacular when it obviously should be employed:

"An English gentleman, named Crosse, caused several miles of telegraph wire to be extended through his park, and was then able to collect a large amount of electricity, even in ordinary weather, but, at the time of a thunder shower, he could have a regular storm of lightning in his laboratory. Here, in immense Leyden jars, the electric fluid was stored for future use. Over the receiver were written, as a warning, the words. '*Noli me tangere*,' which is the Latin for 'Don't touch me!' One day a maid went into the room to sweep and dust it. She touched the receiver and at once received so severe a shock as to be thrown flat on her back. She complained bitterly to her employer, who, however, was as cross as his name, for had he not warned her not to touch the instrument? 'Yes,' she said; 'but, if there was any harm in it, why had he written up 'No danger?'' (which was her rendering of the Latin.)

A good story, not far aside from our subject, is told of a railway president, who wrote something in the illegible chirography usual to such functionaries. The person receiving it, not being able to read it, finally took it to a drug store. The clerk could make nothing of it

and delivered it to his principal, who looked it carefully through, and then proceeded to put together several ingredients in a vial. Delivering the compound, he remarked, "This is an excellent cough prescription; the price is one dollar."

Half the Latin prescriptions are really as unintelligible as this, and reflect no little discredit on the physicians writing them.

INJURIES FROM PNEUMATIC PRESSURE.

ED. OF ECLECTIC MEDICAL REVIEW.

Being desirous of obtaining information upon the following subject, I send you these few lines for publication in your enterprising journal:

What is the Pathology and Treatment of Injuries Resulting from Pneumatic Pressure?

The Union Pacific Railroad Company are engaged in sinking iron tubes, which are to serve as piers for a bridge spanning the river at this place. These tubes are forced down by pneumatic pressure to depths varying from sixty to seventy feet, and the laborers who work inside of them are subjected to a pressure varying, according to depth, from fifteen to thirty pounds to the square inch of surface.

Some of the men employed here have worked at the same business several years, and have suffered no perceptible injuries. Quite a large proportion, however, suffer in various degrees; some complain of severe muscular pains, accompanied with a prickling or tingling sensation in the skin covering the affected parts; others are affected with the various forms and degrees of paralysis, ranging from the slightest defects in sensation and motion to complete hemiplegia or paraplegia.

Omaha, Neb.

IRA VAN CAMP, M. D.

Will some of our readers favor our correspondent with their views upon this subject?—ED. REVIEW.

ALLOPATHY EMBRACING HOMŒOPATHY.

A CORRESPONDENT of the *Albany Argus* communicated the following somewhat surprising fact in relation to the Albany Medical College:

"The Hon. Ira Harris delivered the opening address at the College yesterday morning, September 4th. The address was able and inter-

esting, and we were pleased to see many homœopathic physicians in attendance. Mr. Harris is a firm believer in and patron of homœopathy, and fills a chair in the College. It is indeed gratifying to know that the barriers which have hitherto divided the two schools of medicine are being removed, and to see our College taking the initiatory step towards such a desirable achievement. We believe this is the only allopathic medical institution in this country that possesses views sufficiently liberal to allow any of the chairs to be filled by men who firmly and practically believe in the homœopathic doctrine. It is also pleasant to know that several of the trustees of the College are firm believers in homœopathy."

In 1844, the Legislature of New York passed a law authorizing physicians not belonging to the old school to collect compensation for their services; before that the statutes had been shamefully illiberal. The practice in the Assembly, and as far as practicable in the Senate of this State, has been to make up the medical committees of physicians. These were always old school men, and more narrow and bigoted than ever was the most servile Roman Catholic believer in the dogma of infallibility of the Pope. Their committees framed the laws, and all liberal legislation was had in spite of them.

When, finally, the Legislature of 1844 broke the leopard's teeth, a professor in the Albany Medical College addressed the class, telling the students to practice as they pleased, whether "regularly" or otherwise, but always to remain "regular physicians." This Jesuitical policy seems to have been adopted.

We do not imagine that the College has become "liberal," for even homœopaths have shown a desire to fraternize with their old school adversaries, as Pontius Pilate once did with Herod, when they had disagreeable rival to crucify.

The code of ethics of the old school of medicine is the instrument employed to emasculate the manhood of physicians. The Albany College has not, we warrant, delivered itself from the iron instrument, even though the non-professional chair of Medical Jurisprudence is filled by an homœopathist. When we see a teacher of homœopathy expounding *similia similibus curantur*, and an eclectic instructing in the "more excellent way," we will recal our criticism.

NEWS AND MISCELLANY.

A RESOLUTION WITHOUT LEGAL FORCE.

IN presenting, with some diffidence, our views on the following resolution, passed at the recent annual meeting of the Massachusetts Medical Society, we offer them for the consideration of our readers fully aware that those who voted in accordance with the spirit of the resolution did so with the conviction that the interests of the medical profession and the public generally would be subserved by such action on their part. The resolution is as follows:

“Resolved, That the Massachusetts Medical Society hereby expels from fellowship all those who publicly profess to practice in accordance with any exclusive dogma, whether calling themselves homœopaths, hydropaths, eclectics, or what not, in violation of the Code of Ethics of the American Medical Association.”

It should be remembered that expulsion can only be effected in accordance with the By-Laws of the Society, as follows:

“TRIALS FOR OFFENCES.

“XXXI. 1. When charges of infractions of the By-Laws shall be duly made against any Fellow of the Society (vii, viii, ix), the President shall thereupon select five of the Commissioners on Trials (xiii), who shall constitute a Board of Trial for the pending case. He shall appoint a time and place for the meeting of said Board, and shall notify the Commissioners appointed, also the complainants and the accused party of said time and place.

“2. The said Board of Trial shall be empowered and required to meet as above provided, and three members shall constitute a quorum. They shall proceed to organize themselves and to hear and try the charges aforesaid, and if convinced that the charges have been substantiated by the complainants they shall convict the accused, or if otherwise they shall acquit him; and in case of conviction, shall pass sentence such as the laws of the Society authorize, which sentence shall take effect from the date of its passage.

“3. If after due notification the accused party shall fail to appear at the time and place of trial without satisfactory excuse rendered at the time, he shall be considered as admitting the truth of the charges against him, and shall be liable to sentence accordingly.

“Upon showing to the Councillors such cause as shall be by them deemed reasonable therefor, the accused shall be entitled to a revision of his trial by the Councillors, who may, according to their judgment, confirm or reverse the previous decision, and this shall be final.

“5. Legal counsel shall be inadmissible, but members of the Society may be heard as advocates on either side during the trial.

“6. The Recording Secretary of the Society shall be Secretary of the Boards of Trial, and shall attend all trials and keep a record of the doings of the Commissioners at said trials. He shall enter the

several charges preferred, and the result of trial in each case on the Records of the Society, and shall communicate the same to the President of the Society and to the President of each of the District Societies at the close of the trial.

"7. Each Commissioner, and also the Secretary, shall be entitled to receive from the treasury three dollars per diem for the time necessarily spent in trial and in attendance on trials, with the necessary expenses of travel, as may be decided by the Board; and each Commissioner who shall neglect or refuse to attend the trial for which he has been designated, without offering an excuse which shall be satisfactory to those who attend the same, shall pay a fine of ten dollars to the Treasurer of the Society.

"8. The President of the Society shall fill all vacancies by death or resignation, or by other causes, whether of the Commissioners of the District Societies or in the Boards of Trial."

This is the only machinery now existing for expulsion, and its form must of course be strictly complied with. It will be observed, first, that it applies only to individuals, and cannot be brought to bear upon bodies or classes of members. It is John Doe, the individual and the practitioner of an exclusive dogma, who is to be thus indicted, and not a class, whether homœopaths or other practitioners; and, secondly, John Doe is to be subjected to a prescribed form of trial. Of course, the resolution before quoted is wholly nugatory and falls to the ground. It may be unnecessary to explain, at least to those who were present, that this action was taken at the last moment before the annual oration—the hour for which having arrived anything like deliberate discussion was out of the question.

Nobody doubts that it expresses the sentiments and wish of a large majority of the Society. It was the expression of a feeling which has been uniformly, justly and strongly held by the Society for the last thirty years in respect to homœopathy, and ever since its foundation in regard to contemporaneous quackery. But grave doubts have always been entertained as to the expediency or possibility of accomplishing the desired end. It was remarked at the meeting in question by Dr. Corliss, a delegate from the New York State Medical Society, that that body had abandoned any attempt to get rid of homœopathic practitioners and contented itself with overlooking their existence. This has hitherto been the policy of the Massachusetts Medical Society. Unable to get rid of them, it has avoided giving to them the benefit of opposition or of martyrdom; and this, we think, will be still found on the whole the best policy under the circumstances.

Upon reference to the charter of the Society we find little to aid members in this emergency. The preamble recites that "the benefit of medical institutions, formed on liberal principles and encouraged by the patronage of the law, is universally acknowledged," and the charter provides, among other things, that "any person of good moral character found to possess the qualifications prescribed by the rules and regulations of the Society shall, upon examination by the Censors, and not otherwise, be admitted a Fellow; and the Fellows shall have

power to suspend, expel, or disfranchise a Fellow of the Society." The fair construction of this provision seems to be that any person qualifying himself by proof of a good moral character, and by passing the examination prescribed by the Censors, which examination must be conducted reasonably, with the fair purpose of ascertaining the scientific qualifications of the candidates, is entitled to membership. As he is not entitled to become a member by reason of his holding any special opinion or theory in medicine, so it would seem he cannot be excluded from membership if he possesses every qualification of morals and of scientific education and knowledge, by reason of his holding any such theory or opinion. If this were otherwise, a majority of the Fellows might exclude every candidate, however virtuous and eminent, who failed to agree with them upon any point of theory or practice. If, then, the holding of certain opinions cannot be good ground for excluding a candidate otherwise qualified, does it not follow that it is no ground for expelling a Fellow who has been found qualified or admitted?

It is to be noted that the words of the resolution touch only those "who publicly profess to practice" such a theory or dogma, but there seems to be no just distinction between holding and acting upon the theory or opinion. The force and purpose of the resolution is to expel those who embrace the doctrine; and if to put the theory in practice is an offence deserving expulsion, the offence must consist in the enormity of the theory itself. We are not aware that this point has been brought before our Courts, but it may be remarked that in the case of *Barrows vs. The Massachusetts Medical Society* (12 Cushing's Reports, p. 402), the member was expelled for a breach of morals, and his disqualification as a homœopathist, though one of the grounds taken, was not passed upon by the Court. The Society, of course, has the right to make by-laws and to prescribe regulations for admission and membership, but these regulations must be reasonable. The doubt which we express (and in treating a legal subject we speak with diffidence and express ourselves only in the form of doubt) is whether the exclusion or expulsion of a person, otherwise qualified for holding or acting upon a theory or opinion in medicine not in itself immoral, is a reasonable regulation. If the homœopathists should at any time obtain a majority of the Society, would it be thought reasonable and within their legal powers to exclude or expel all other practitioners?

The Society may properly exact from the candidate a certain amount of knowledge in a certain direction, but it cannot arrest the knowledge at that point. It is not responsible for what the admitted candidate may add to his knowledge, nor for what he may choose to do with it afterward. He may practice veterinary surgery, house painting or homœopathy, and if we are right the Society cannot control his course in this respect. If he practices homœopathy dishonestly, the matter of dishonesty and not of homœopathy is then in question. Let any member of this Society imagine himself to be prosecuted for damages claimed by another member of the Society who had been expelled for

his homœopathic practice. Let the supposed defendant peruse the first paragraph of our charter, which alone indicates the motive and purpose of the Legislature who granted it, and maturely consider upon what ground he would defend himself; or let him actually go to the present Massachusetts Legislature and ask them what peculiar views of medical practice they originally intended or profess now especially to endorse. Really we are led to the conviction that the less we meddle with this whole subject the better off we shall be. We earnestly request those who are interested in the subject, and those who are expected to act upon it at the next Councillors' meeting, to converse with lawyers in regard to the powers conferred by the existing charter of the Society. They can then decide how far they are ready to endorse the views of those who for the last eighty years have studied the subject, and who have thought it expedient to take no action upon the expulsion of members for any asserted belief in exclusive therapeutic views.

Having said thus much in reference to the interpretation of our existing charter, we should imperfectly fulfil our duty did we not further say that great injustice would be done to an honorable and learned Society were its members compelled to associate on terms of equality with ignorance or imposture. But against the former the requisites for admission to the Society are a guarantee, and as to the latter, it is plain that dishonesty or imposture, as such, would be good cause of expulsion. The practical safety of the Society grows out of the infinitesimal number of homœopaths and other exclusive practitioners within its ranks, and their infinitesimal influence and weight in its deliberations. This we believe will always ensure the safety of a medical society constituted like ours. But to those who think differently one of two courses is open—*first*, to contrive some way, under the existing charter of the present Massachusetts Medical Society, by which a sound, straightforward and intelligent physician, who is guided by the best medical light of the age, can exclude from the ranks of the Society another member of more oblique vision and medical practice; *second*, to devise a new charter, the language of which will exclude from the ranks of a new Society, for the next hundred years, all forms of medical practice which shall be unequivocally objected to by a large majority of its members.

We are induced to discuss this matter from our deep interest in the welfare of an institution which has done so much for the dignity and honor of our profession, and whose efficiency we are unwilling to see endangered by unwise or hasty action. The present question is to be decided by legal considerations, and we trust that our readers may give their attention to this portion of the subject.—*Boston Medical and Surgical Journal*, July 28, 1870.

We would ask whether every member of the Massachusetts Medical Society was not received into the same under the same law and regulation. Do not the Homœopathists, Hydropathists and Eclectics who

have passed this ordeal stand upon the same relation, possessing equal qualifications with any or all other members of the Society? If this is not the case, how did they get into the Society? If they practiced any fraud to procure this position the remedy and means for expulsion exist in the By-Laws. In the ordinary transactions of men it is not considered honorable for men to take advantage of their own wrong; and the day has passed for the enactment of laws giving exclusive powers and privileges to theological, political and medical opinions. This has become a country of freedom, in every sense of the word; a slave to-day in any of the relations of life is only so by not claiming the equal rights and privileges which the laws of this country guarantee to every individual. Under the existing laws of Massachusetts, or any other State in the Union, the State Medical Society or Societies cannot either expel from, or prevent the admission into the same of any man who has been regularly educated in the profession and holds his diploma from a regularly organized Medical College, chartered by any of the States, whether it is Allopathic, Homœopathic, Eclectic or Hydropathic; for in the granting of the charters of these institutions the rights and privileges conferred are the same. The confession of faith of the medical man is not a cause of action, as we have no doubt the Society will find before this vexed question is settled.

Notwithstanding what may be the legal rights in this case, it is a question alone to be determined by the Eclectic portion of the Society in Massachusetts whether they will withdraw or not; but we will say that if we were a member of that Society our relation to the same would terminate only upon the decision of the highest courts of the country or death itself. With us principle and right never must yield to policy alone.—[ED. EC. MED. REVIEW.]

A PATENT MEDICINE MAN TURNS UNDERTAKER.—“There is a tide in the affairs of men which, taken at its flood, leads on to fortune.” A Massachusetts man, who has for months sold a patent medicine, has just in the nick of time turned undertaker.

PALATABLE FORMULA FOR THE HYDRATE OF CHLORAL.—Hydrate of chloral, 3 ss., chloroform water, 3 ij., syrup oranges or tolu, 3 i-ij., tincture of ginger, 6 to 12 drops, water to one ounce and a half. The *chloroform water* is prepared by dissolving a half fluid ounce of chloroform in one gallon of water. This seems to intensify the action of the chloral hydrate and covers the acrid taste.—*The Rich. and Louisville Med. Journal.*

DOUBLE VAGINA.—J. C. Davis, M. D., Fort Atkinson, Jefferson

County, Wis. (*The Chic. Medical Journal*), while examining the external organs of generation of a young lady, aged 21 years, discovered a septum commencing at the mesial line (in a line from right to left), attached to the meatus urinarius, and extending laterally and posteriorly two thirds of the way to the fourchette, and within the vulva and hymen. The external genital organs were well developed; the mons veneris well covered with hair; the labia, majora and minora, were perfect; the os uteri was in the right vagina (or vagina proper), which was of normal size, shape and capacity.

FUNCTIONAL DYSPEPSIA.—Dr. Geo. P. Andrews, of Detroit, Mich. (*Detroit Review of Medicine and Pharmacy*), insists upon rest to the stomach in this affection, and the avoidance of food difficult of digestion or in excessive quantities. The milk diet is often attended by the happiest results. It may be taken clear or with one third of lime water, and in small quantities often. Strict attention to hygienic matters must be enjoined, and no alcoholic stimulants allowed, except as directed by the physician. Usually, little medication will be needed, except to relieve torpor of the bowels, which should be accomplished by the mildest laxatives, when enemata are insufficient. Pain may be allayed by the various narcotics—bismuth, hydrocyanic acid, or carbolic acid, exhibited in one or two drop doses suspended in mucilage, repeated every three or four hours. This latter remedy will also, usually, allay nausea and vomiting.

HYDROPHOBIA.—M. H. Pouley, in a valuable contribution to the *Academie des Sciences*, on the causes and management of hydrophobia, declared that it was possible to obviate the effects of the inoculation of virus of rabies by a prompt cauterization of the bites.

Of 310 cases of bites alluded to 284 were inflicted by male dogs, 26 by bitches, 5 by cats, and 5 by wolves. The cases in winter corresponded almost to a unit with the hottest period of the year.

IODOFORM.—Dr. Stiles Kennedy, of Newark, Del. (*The Med. and Surg. Reporter*), recommends iodoform as an addition to the ordinary plasters and ointments for syphilitic periostitis. An ointment containing from 30 to 60 grains of iodoform to an ounce of lard is a beneficial remedy to painful burns, sores, chancres and boils, promoting rapid healing. In two cases of chancre the dry powder was applied with magical results.

LOTION OF LEMON JUICE.—Take of fresh lemon juice, rose water, alcohol, equal parts—mix. The next day decant the clear portion and strain it through muslin.

USE OF MILK AS A PRESERVATIVE AGAINST LEAD POISONING.—M. Didierjean, a red lead manufacturer (*The American Chemist*), states that, having taken all possible precautions to keep their workmen in a healthy state, he did not, however, quite succeed in preventing lead colics until, by a mere accident, it was found that two of their men

were never affected at all. On inquiry being made it turned out that they regularly took milk as drink at the time of taking their meals at their works. The owners of the works were thus induced to make the use of milk (one litre daily) obligatory to their workmen while at the works; and, by exercising a proper surveillance, have succeeded, during 18 months, in keeping, by this means, all their men free from any symptom of lead disease.

UTERINE HÆMORRHAGE ARRESTED BY HEAT TO THE SPINE.—Professor Beneka, of Marburg, has arrested hæmorrhage from the uterus in several cases by the application of heat to the spine. He thinks much can and will be done by the principle of applying heat to the spine. As far as the heat is concerned his experience has fully convinced him of its extreme usefulness in certain cases, reports of which he has promised to send us for publication.—*Med. Mirror*.

SYPHON FOR THE STOMACH PUMP.—The *Deutsches Archiv*. has published a paper by Dr. Jürgensen, of Kiel, which fully corroborates all that has been said as to the efficiency of a syphon to replace the stomach pump. The stomach may be readily emptied and as readily washed out by this simple mode. A sound has only to be placed into the stomach and its upper end attached to the short arm of a glass syphon by india rubber tubing. The patient must then cough or retch, and the stomach, if full, will rapidly be emptied. Dr. Jürgensen employs this mode to wash out the stomach regularly with water, or with acid or alkaline liquids, in cases of gastric disease.



FOR SALE.—A RARE CHANCE.

ON account of ill health, I propose to sell my entire interest and the good will of my practice in the City of Albany, where I have been located for near 30 years. For several years my business has amounted to from \$6,000 to \$8,000 per annum. At present the City of Albany, with a population of over 7,000, is probably increasing faster, by its new and varied manufacturing interests, than any city in the East. The last four or five years has developed a spirit of enterprise here before unknown, and it seems like the opening of a new era to the city. I know of no place, East or West, where one or two good physicians, or where a good surgeon of the Eclectic school, is more needed, or could locate with better prospect of success. There is but one Eclectic here besides myself in general practice. My patrons say, "Don't leave us without supplying some good physician to fill your place." The purchaser can have my office and stable for eighteen months, and perhaps longer, at a reasonable rent. Application should be made immediately. Terms easy. No application will be considered except for cash or satisfactory security.

A. W. RUSSELL,

SEPT. 20TH, 1870.

76 Hudson Street, Albany, N. Y.

AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

NOVEMBER, 1870.

No. 5.

ORIGINAL COMMUNICATIONS.

DIAGNOSIS OF FEMALE DISEASES.

BY CHAS. H. S. DAVIS, M. D.

To any one conversant with current medical literature the fact is familiar that uterine diseases, if not on the increase, are certainly prevalent. This may be in a measure accounted for by the progress which has recently been made in the more thorough study of such affections, and the adaption of instrumental examination in the diagnosis and treatment of diseases of the uterus, which has opened an entirely new field of practice, and led to a complete transformation of uterine pathology. This has been owing in a great degree to such men as Kiwisch and Scanzoni, in Germany; Paul Du Bois and Cazeaux, in France; Robert Lee, Tyler Smith, Simpson, Bennet and Felt, in Great Britain; and in the United States, Hodge and Meigs, of Philadelphia; Bedford, Gardner, Gaillard, Thomas, Sims and Emmet, in New York; Byford, of Chicago; Storer, of Boston; Miller, of Louisville, and many other devoted gynecologists, whose matured judgments and skilful hands have ever been ready in the behalf of suffering women. Although the subject has been elevated to the dignity of a distinct branch of medical science, it can hardly be supposed as yet

to have passed through its progressive and to have arrived at its perfected stage. While old ideas have been subjected to the strictest ordeal, and, if not in accordance with the advanced stand-point of science, have been rejected, new theories or asserted facts have been brought forward with a boldness and often a plausibility that challenged investigation, to be attacked with like fearlessness, tested, and, if found worthless, rejected. It appears singular that a class of diseases of such everyday occurrence as uterine inflammations in reality are should have been almost totally overlooked until within the last few years, and that the symptoms which they occasion should for ages have been made the foundation for false pathological superstructures. Because they have been overlooked, misunderstood and neglected, an immense amount of suffering that has been borne as a necessity by women, might have been relieved if this ailment had been investigated and studied with as much patience as and with no more reserve than we approach and investigate lung diseases or throat affections. Modesty, which is the most charming attribute of woman and the safeguard of society, raises such a barrier between the patient and the practitioner that she conceals her sufferings, and that freedom of investigation and of explanation which has led to the accurate knowledge of the diseases of the lungs and of the heart fails when the functions of the generative organs of women become deranged. Time was, and that, too, within a comparatively few years, when physicians in the knowledge of diseases of the pelvic viscera relied mainly on hearsay testimony. Deception as to the character of disease and failure in treatment were common, for the symptoms of one uterine disease, as described by the patient, were received as the type of all the other diseases. Like most advancements in medicine we are indebted for the great advancement in gynecology to improved methods of diagnosis. The speculum, the uterine sound and sponge tent, are the most important of these, and in skilful and experienced hands are fully adequate to the advanced wants of the science. He who proposes to treat uterine diseases, or diseases of the eye or of the throat, and who does not render himself familiar with the means which science has placed in his hands for such purposes, does not do himself

or his patients justice. The introduction of the speculum into the practical treatment of the diseases of females has accomplished a great advance, not only in diagnosis but in the therapeutics of the diseases of the genital organs. In fact, without the aid of this instrument, the successful and rational treatment of a great number of these diseases would be as impossible as those of the heart and lungs without auscultation and percussion. The uterine sound is to the modern gynecologist what the forceps are to the obstetrician; and, by passing the sound beyond the point where digital manipulation ceases, he acquaints himself with the state of the parts beyond—lighting up the *ultima Thule*, where all before was vague conjecture. By it we can discover the permeability of the canal of the neck or of the cavity of the body of the womb, the degree of mobility of this organ, the adhesions which may have been contracted with the neighboring organs, as well as to appreciate the length and size of the cavity, or the thickness and sensibility of the walls. By its use we may, in many instances of pelvic and hypogastric or abdominal tumors, ascertain the connection or non-connection of these tumors with the uterus, but more especially we can determine the deviation of the uterus, whether it is retroverted or retroflexed, or antiverted or antiflexed. Another invaluable diagnostic aid, the sponge tent, constitutes, with the speculum and uterine sound, the diagnostic tripod, through and by means of which modern gynecology has attained its present proud eminence among the departments of medical science. The introduction of a cone of prepared sponge into the interior of the neck is an operation which was first used by Simpson in the treatment of the diseases of females, to discover certain foreign bodies in the cavity of the uterus, such as polypi, or round fibrous tumors. By means of sponge tents we are enabled often to detect the source of metrorrhagias and menorrhagias, which would otherwise elude our most careful investigation; and not only are we thus enabled to discover the cause, but, as in the case of fungoid granulations, whether occupying the cavity of the cervix or corpus uteri, we are enabled to apply our remedies understandingly. In 1857, guided by sponge tents, Dr. J. Marion Sims, of the Woman's Hospital, New York, detected and re-

moved from the cavity of the corpus uteri a small polypus, not larger than a garden pea, which had eluded the research of sixty different physicians in Europe and this country. With the *écraseur* of Chassaignac, with Sims or Tieman's *porte-chain*, together with Aûeling's *polyptome*, Nelaton's forceps, etc., our surgical resources are equal to all cases admitting removal. With the diagnostic aids described above I have ceased to prescribe for patients with uterine diseases whose cases I am not permitted to examine in every way necessary for an accurate judgment. My advice is—prescribe with as perfect a knowledge of the case as possible or not at all. If description alone is accurate, and full of meaning, there rest the case; if touch is important do not omit it; if the speculum is deemed essential do not hesitate to call it into use. A few years ago inversion of the uterus could not be differentiated from polypus, and when determined could only be treated by extirpation. But, thanks to the genius of Drs. Tyler, Smith and White, illumined by that of Sims, it is one of the many triumphs of which the gynecology of the nineteenth century can boast, that this accident has been proved to be amenable to conservative measures, and that taxis has been shown to be capable of effecting a cure, and preventing a resort to a mutilating surgical procedure. To one alive to the possibility of confounding the conditions with fibrous polypus the methods of differentiation are numerous and reliable.

This is well illustrated by the following table from Thomas :

<i>If it be polypus</i>	<i>If it be inversion</i>
the probe will pass by its side into the uterus.	the probe and finger will be arrested at the neck.
Conjoined manipulation will reveal the uterine body.	Conjoined manipulation will reveal a ring where the body should be.
Rectal touch will reveal the uterus.	Rectal touch will not discover the uterus.
Recto-vesical exploration will reveal the uterus.	Recto-vesical explorations will not discover the uterus.
The pedicel will usually be small.	The pedicel will be large.

Where the inversion of the body is only partial much greater difficulty will be found in differentiation.

If it be a polypus

the probe will show increase in dimension of uterine cavity.

Conjoined manipulation will reveal body of uterus of normal shape.

Rectal touch will show uterus to be smooth.

It will have come on gradually.

It will have no reference to parturition.

If it be inversion

the probe will show decrease in dimensions of uterine cavity.

Conjoined manipulation will reveal small abdominal ring.

Rectal touch will show abdominal ring.

It will have occurred suddenly.

It will usually have followed parturition.

Until within a few years ago fistulæ of the female genital organs was considered incurable, and the miserable victim of vesico-vaginal or recto-vaginal fistulæ was doomed to solitude—loathsome to herself and friends; life was a burden without hope. Says Dieffenbach, “A vesico-vaginal fistula is the greatest misfortune that can happen to a woman, and the more so because she is condemned to live with it, without the hope to die from it; to submit to all the sequels of its tortures till she succumbs either to another disease or old age.”* In 1839, Velpeau pronounced the malady incurable, and all operations unjustifiable; and Vidal expressed, in 1850, a doubt whether surgical means had ever cured a case of vesico-vaginal fistula; and as late as 1856 Scanzoni, expressing the opinion of Europe, gives the unfortunate sufferer but little hope. In 1856, Dr. Mott stated in public† that he was present in Europe when eight cases were operated upon—seven by Jobert and one by Roux—all of them failures. In America, thanks to the genius of Sims, all is changed, and this is declared to be the most curable of maladies. Of 261 cases treated by Sims’ method 216 were permanently cured, 36 were curable, and only nine found to be incurable. Ovariectomy was condemned in Europe, as late as 1856, as a surgical temerity, and yet it is now an established surgical resource, saving scores of valuable lives that must otherwise be sacrificed. We mention these operations in order to show the great advancements that have been made in the treatment of female diseases by improved methods of diagnosis. Owing to the success of specialists in the study and treatment of uterine disease, the general profession have taken up the “uterine element of practice,” and is pushing

* *Über die Heilung der Blasenscheidenfisteln*, No. 24.

† Report of 1st Anniversary of the New York Woman’s Hospital.

it to an extent which is alarming; leeches, escharotics, actual cauteries, astringents and alteratives, pessaries, sponge tents and sea tangle bougies are used in an indiscriminate manner, and often to the injury of the patient; and with many physicians, if a slight enlargement of the cervix is discovered, a ring of congestion around the os, or a trifling amount of displacement, the usual routine treatment is instituted, the cervix is either melted down with potassa pura or nitrate of silver, and then an interesting little contrivance, in the shape of a pessary—an instrument, the oft demonstrated exponent of ignorance and hobbyism—is applied, and the indications of the case are supposed to be met. It has been well said that to use remedies with patience and skill, and with an intelligent belief in their powers to do good, requires far higher faculties than are needed to slit the os uteri. There is much reason to believe that, in many instances, morbid uterine sensations are simply intensified and maintained by local treatment. On the other hand, it is perfectly beyond question that many women, with real and serious uterine ailments, suffer much unnecessary pain and distress so long as local treatment is neglected, and are speedily restored to health and comfort when it is used. Says Dr. Hubbard,‡ “To attempt to treat a serious disease of one organ, without giving particular attention also to the condition of all the others, especially to those with which the suffering organ is in most intimate relations and sympathy, would be as unsuccessful as it is unphilosophical; * * * * for the sympathies of the uterus with every other part of the female organism are so evident, and the sympathetic relations of all the organs of woman with the uterus are so numerous and complicated—so intimate, and often so distant, yet pervading her entire being—that it would almost seem, to use the expression of another, ‘as if the Almighty, in creating the female sex, had taken the uterus and built up a woman around it.’”

The uterus is not only in intimate relation to the organ within the pelvis, but by means of the cerebro-spinal and ganglionic divisions of the nervous system, it has properties derived from each, through which it is influenced by other organs, and in its

‡ Proceedings of the 78th Annual Convention of the Conn. Med. Soc., p. 361.

turn sends an influence radiating from itself to those parts of the body farthest removed from it. The so called spinal irritation, uterine inflammation and ulceration, hysteria, anæmia, and general debility, in many cases are but terms expressive of the most profound ignorance. The most distant symptoms are often the result of pelvic disease, either directly or through the influence of reflex nervous irritation. Cases of dyspepsia, consumption, affections of the stomach, bowels, liver derangements, neuralgia, headache, disorders of sciatic and other crural nerves, with pain, cramps, or deficiency of function, syncopal convulsions, muscular debility, disorder of circulation, of respiration, sympathy of mammary glands, moral and mental derangement, etc., etc., have often gone through the *role* of long and tedious medication as *actual* diseases, when, in fact, they were only sympathetic complaints owing to uterine disease. Scauzoni, one of the most learned authorities upon the diseases of women, says: "The most curious hyperæsthesias and anæsthesias of certain parts of the body, the most persistent neuralgias and spasmodic contractions, spreading often to numerous groups of muscles, claims, if not always, at least frequently, for sole cause, an affection of the womb." * Primary disease of the uterine system may affect the general health by intensity of the disease, as in inflammation of the uterus and its appendages; by loss of fluids, as in menorrhagia, leucorrhœa, ovarian dropsy, etc.; by the retention of an excretion, as in amenorrhœa; by the generation of a morbid material, which is conveyed into the circulation, as in cancer; some cases of ulceration; putrid substance in the cavity of the uterus; and lastly, by sympathy, affecting the functions of nutrition, secretion and excretion. Diagnosis forms the indispensable basis of all *advances* in medicine and surgery. There is a common saying that the knowledge of what a disease is is half the cure. When we can once identify a given diseased condition, we obtain the privilege of watching the behavior of that diseased condition again and again, under the operation of therapeutic measures, and from that time the increase of our knowledge concerning the appropriate management of that particular

* Diseases of Women, p. 33.

disease becomes progressive and sure. Certain rules ought to be observed in conducting a diagnostic examination. The physician should guard against a too purely scientific or professional feeling. He should not regard his patient as a mere subject for medical analysis, but should consult her feelings, prejudices and mental peculiarities, and should endeavor, while attaining his own conclusions, to do so with as little that is disagreeable, and as much that is agreeable to the person chiefly interested as possible. To be a successful gynecologist a physician should make women the study of his life, so as to understand their mental peculiarities and their motives of action. He must know how to bespeak their confidence, to stimulate their hope, and to keep up their perseverance until the recovery of health, and also to bear with their caprices, despondencies and mental infirmities during the course of chronic disease. The cold, suspicious manner of some women paralyzes one, so that it requires a strong mental effort to plan their mode of treatment; while the open, generous, confiding manner of others magnifies to a tenfold degree our power of curing them. There are several modes of examination proper to determine the diagnosis of disease of the uterus and its appendages, which might be classified as follows: *First*, the *supra-pubic* examination, or the examination of the abdomen by sight, touch, auscultation and percussion. *Second*, a manual or tactile examination by the vagina. *Third*, a manual or tactile examination by the rectum. *Fourth*, a visual examination with the speculum. *Fifth*, the use of the uterus sound. *Sixth*, dilatation of the os uteri, so as to permit the examination of the cavity of the uterus by the introduction of the finger. *Seventh*, the microscopic and chemical examination of the discharges from the uterus and vagina. To give a general idea of the vastness of the science of gynecology, the following means of diagnosis of the uterus is given: *External examination of the abdomen*—by inspection, admeasurement, palpation, with or without anæsthesia, percussion and auscultation. *Neck of uterus*—its position in pelvis, elevated, depressed, displaced towards either side, forwards or backwards; axis altered; direction and amount of alteration. Size of neck, natural, smaller than usual, enlarged, amount and direction of enlargement, shortened, lost, elongated;

consistence, soft, cushiony, hard, covered with transverse folds of mucous membrane; irregularities or elevations on surface; tenderness; pulsation of arteries on its surface; destruction, its character and extent; tumors, their extension in direction of body of uterus or towards other organs; adhesion of neck of uterus—at what part. *Lips of uterus*—natural, of ring like form, hard, soft, irregular, enlarged, flat, everted, thin, smooth, lobulated, excavated, etc. *Orifice of uterus*—incapable of being reached—from what cause; direction of, forwards, backwards, to either side, surrounded by cicatrix; its shape, natural, oval, rounded, irregular, elevated on one side, closed, open, degree of (admitting one or more fingers), obstructed, nature of obstruction; tumor projecting through orifice; its extent, narrowing of tumor opposite orifice, attachment of tumor to any part, or readiness with which finger can be passed around its neck. *Body of uterus*—position, in centre of pelvis, directed forwards, backwards or to either side (partially or completely); anteflexed, retroflexed, amount of angle formed with the neck; apparent size (amount of enlargement about the cervix); enlarged equally in all directions, or in what direction; form of enlargement; lobulation or other irregularities of surface; consistence, hard, soft, fluctuating; fixity of uterus, apparent weight of uterus. Repercussion (*ballotement*.) Admeasurement by sound. The use of dilatable tents; of sponge, sea-tangle, slippery elm, hollow bags, etc. The use of microscope in the examination of discharges. In conclusion, we make the following extract from Dr. H. R. Storer's second lecture, in his course to physicians, upon the Treatment of the Surgical Diseases of Women:

•

“There are many points concerning the details of diagnosis of great interest, such as the necessity of ambidexterity upon the part of the surgeon, alike in examination and in operating; the risks to which he is exposed of digital syphilitic and septicæmic infection, and from damage from other sources to his good name; the danger, unless his hands and instruments are kept scrupulously clean, of inoculating the patient with specific or other virus; the advantage of always preceding an examination with the speculum by careful palpation, both by the

vagina and abdomen, and these combined ; the benefit, in the case of nervous patients and abdominal enlargements, of employing an anæsthetic ; the need of care with reference to the presence of pregnancy, and to the patient's moral welfare ; the proper methods of making instrumental examination, the errors of observation liable to be made, and the physical injuries to be avoided."

MERIDEN, CONN.

PRINCIPLES ILLUSTRATED IN PRACTICE.

BY GEORGE H. TAYLOR, M. D.

It is not enough that the reader admit the plausibility of the statements of the foregoing pages. Their claim to serious attention would then be scarcely better than those of the numberless propositions for curing disease which one meets at every turn. There is even a probability that the therapeutic method here developed will be classed by some, through sheer lack of information on the subject, among the common devices for attracting and sharing the favor and patronage of a proverbially credulous class of invalids.

The reader's claim for the confirmation of these statements of principles by scientific tests, by common sense, and by the most rigid tests of experience, may, it is believed, be fully gratified. Such considerations as follow may aid in the pursuit of this investigation.

The therapeutic processes herein developed have their sole basis in anatomy and physiology—in the very mechanism and uses of the body. They set in action a self-regenerating machine. They do what health ordinarily does to insure its own continuance. This, it must be admitted, is in strong contrast with methods which rely on the dubious relation existing between vitality and a multitude of substances exerting chemical force—a relation always obscure, and affording good ground for differing and conflicting opinions.

The ease and directness with which these statements of principles and effects of processes can be verified should silence all

question as to their correctness and feasibility. The curative effects are readily confirmed. No faith is demanded. There are no mysterious and unintelligible relations of things involved. The invalid's own capacities are exercised and judgment appealed to. Ample directions are given for verification by direct personal experiment. Certain specific effects are practically connected with these causes. As a lover of truth, I shall be heartily thankful for every honest application of these tests that shall expose the incorrectness of the principles stated or the inferences derived.

These principles are not inventions. They have grown into practical use as occasion brought them to light, through a series of years. This process of development has not been unmindful of the great progress of medical science during the same period, and has constantly received support from this source.

Rightly understood, the therapeutic principles and means here advocated cannot justly be regarded as inimical to other current methods. All medical practice is founded on differences, and, therefore, choice of remedies. Experience develops progress in a science as in an individual. The good is displaced by the better; but the latter depends on the former, and is not opposed to it.

As to statements of the experience of invalids in the use of remedies, there has always been much unwitting deception practiced. Such statements should in general be taken with exceeding caution. This is because there are two factors engaged in curative process, vitality and the remedial agency, and it is well nigh impossible to determine properly their respective influences. For this reason the greatest credit is sometimes given where there is least merit.

The therapeutic principles and measures herein proposed the reader will find to be singularly free of this difficulty. But *one* of the above mentioned factors is brought into use, and whatever credit there may be must be due to it. It is nature, assisted by physiological and mechanical conditions, and the remedial element of doubtful influence is eliminated.

PROLAPSE OF THE BOWELS.

Many years ago I was called on by a gentleman, a prominent

member of the Bench, and occupying a high social position, for professional aid. He had been treated for chronic diarrhoea. Its peculiarities, however, engaged my interest. The motions were frequent, but ineffectual, accompanied by much straining, which always caused a portion of the rectum to protrude beyond the sphincter. This necessitated its manual replacement after every attempted evacuation.

His *real* disease proved, in short, to be *prolapse of the bowel*. The diarrhoea was but a *symptom*, and was solely due to an extension upwards of the irritation derived from the often protruding rectum, and thus affecting, probably, a considerable tract of the intestinal membrane, but did not exist as an idiopathic affection.

The case was chronic; had not improved under eminent skill; books of surgery, and a consultation with a well known surgeons, afforded but a dubious prospect of satisfactory advantage from medical skill.

This case proved, however, to afford one of those occasions which rarely occur in life, in which the stimulus of extraordinary need evokes corresponding benefits, when the aid sought is suddenly and almost mysteriously compassed, and the conception of a moment reaches farther than is readily conceived.

While applying some obviously needed palliative, the patient, for this purpose, assuming the forward lying position, the idea presented itself which forms the fundamental one of the present treatise. I carefully placed him in a suitable position, then desired him to make the peculiar effort necessary, at the same time encouraging the endeavor and assisting the action of the muscles, as before described. I had the supreme satisfaction of actually *seeing* the effect. The protruding, swollen, and very tender part, *instantly slipped in, and wholly disappeared*.

This experiment was pregnant with suggestions destined to culminate in important results. Some of them may be stated as follows:

The power required to elevate the intestine can easily be applied from above.

It is more effective if supplied from above, because the whole alimentary tube is lifted by this mode, while but a minute portion is acted upon if the moving power is applied below it.

When the whole visceral mass is moved upward the terminal extremity must follow.

The movement upward described reveals the existence of sustaining elements. Any operation applied from beneath recognizes no such fact.

Effects thus attained would pass into a permanent condition, by increasing the power of the sustaining elements.

These sustaining powers consist not of any one muscle, or set of muscles, but combine the wholesome activity of many.

In health these muscles are strong and active. Disease of the pelvic parts comes from their enfeebled condition or their habitual inaction.

The nutrition of muscles is stimulated by action; they are made powerful by cautious and suitable exercise.

Timely repetitions of the process just performed would increase the nutrition and power of the muscles which performed it.

The action of *other* muscles might coöperate with them, and contribute to the same end. These, too, might be strengthened in a similar way.

In this way, by calling out the action and replenishing the power of the sustaining muscles, the whole convoluted digestive tube, including its inferior extremity, could be lifted up, and maintained in the position which, through weakness of certain controlling elements, it had lost.

Cases of male adults, precisely similar to the one described, are not numerous.

But the female pelvis has certain *additional* contents. These are the generative intestine, the uterus and its appendages. These are perfectly analagous to those of the males in location and the control of the sustaining elements.

The cases of affections of these organs in females are overwhelmingly numerous. Will these parts of the female obey the same restorative influences? To what extent does the cause of rectal prolapsus, now apparently demonstrated to consist of *unantagonized gravitation*, apply to a similar condition of the generative intestine? To determine the facts relating to this point seemed to be my prospective task.

The experiment above narrated (if experiment it may be called), plainly suggested a cause for female suffering, additional to those commonly acknowledged; or, if seen, but dimly so, and very inadequately provided for—a cause to which those usually assigned are but *secondary*. Unantagonized, this cause is necessarily a preliminary to disease of the pelvic contents, not any specified form of disease, but all disease which can grow out of a constant element of disease—hyperæmia.

This cause was removed, while we saw the action of the forces which removed it; could be removed again, and an unlimited number of times, even in a desperate case.

On the other hand it is recorded experience that the usual remedial measures, *however powerful*, fall somewhere short of the purpose—are, in fact, *palliative* rather than curative, expectant rather than radical, temporary rather than permanent.

The *rationale* of *real* cure of pelvic disorders was apparent; the threshold had been approached; confirmation, derived from repeated practical successes, was only wanting.

My patient received instructions for practicing several of the “movements” herein described, which were the suggestions of that moment. It was remarked and believed that the case was put in the patient’s own hands. He practiced *without help*, following examples I set him. He had no more difficulty. The rectum required no more to be replaced by digital manipulation, and in a very short time required no more attention.

The *cure* seemed too sudden to be real; he, therefore, at my request, lingered a week or two for observation. No untoward symptoms supervening, he returned to his home, *permanently*, as well as perfectly, restored from his prolonged and distressing complaint.

WEAK BOWELS OF CHILDREN.

Children of weakly, and especially of strumous habits, are more liable to the symptoms above described than are men, and, since the cure is very rapid, simple and complete, I will describe the process. Children do not object to any process that involves exercise applied to them, and make excellent patients for this treatment.

To cause the prolapsed bowels of a child to recede to its place, the mother or nurse may place it across her lap, face downward, while she is sitting. Then she may separate the knees, so that the breast shall rest upon one knee, and the legs upon the other, in the mean while placing one hand upon the abdomen and the other upon the back of the child. Now press with both hands, but more with the *upper* hand, which will cause the body of the child to bend or become convex downward; next press more with the hand placed *under* the body, so as to cause the body to be in a line. At every pressure of either hand the child is directed to straighten itself, with which action of the child, the mother should so coöperate as to render it more complete and effective. This action of bending may be repeated three or four times. There need be no fear that the extended bowel will not return to its place as the direct result of the operation. To maintain and render permanent the advantage thus early secured, it is necessary to repeat the movement described at two or three different times daily, giving with it a thorough kneading of the abdomen by the hand, while the child is lying, either face or back downwards. These movements will be found not only to cure the existing condition, but to obviate any tendency of the bowel to pass down.

DUST AND CONTAGION.

BY ALEXANDER WILDER, M. D.

THE annoyance of every housewife is the dust that collects over her domicile, the furniture and clothing. No portal is so close as to shut out the intruder. An apartment may be closed almost hermetically, but if it remains so for a long period the first person entering is sure to encounter dust in all parts and corners. Even the pyramids of Egypt, the temples of an obsolete religion, built and sealed up by a forgotten people, constitute no exception; while the tombs and vaults in the country of Chemi, where mummies have lain in their cerements and sarcophagi for untold ages, abound with the impalpable powder. When the traveller, Belzoni, made his explorations in the

mummy caves he was often half stifled with the dust, which was of such extraordinary fineness that it seemed to insinuate its way to the minuter and profounder air-cells of the lungs. Yet it must be excluded and expelled, or a fatal result would surely ensue.

Preposterous as it may seem the production of dust is not in all particulars an easy matter to explain. We may, to be sure, be able to cite the pulverized earth of our highways, and the minute particles which abound in manufactories. But this is a very small part of the quantity evolved. One has but to lie down in a place imperfectly lighted, in some retired apartment, an unused barn, or even a cave below the surface of the earth; the instant that a ray of sunlight enters the air will be seen all in motion, with innumerable motes flying in every direction.

Physicists inform us that the atmosphere, to the altitude of miles above the surface of the earth, is in like manner filled with circulating dust. Perchance, also, it pervades the æther in which the planets move and solar system revolve, and their incessant motion keeps it in agitation and sends it in immense waves over all the worlds and heavenly bodies. This is, however, a far-drawn surmise, permissible only because we find the dust to be as universal as existence, and almost as ubiquitous. Whether it is needful as the supporter of physical life, or what its real function is, will require much study and investigation to ascertain. Whether it is the contribution of the æther or the comets to supply the waste material which our worlds are ever casting off, or whether it is itself such debris, is also a curious question.

Whatever the uses of dust, many of its inflictions are great annoyances. We will drop all speculations beyond our own mundane sphere, and not perplex ourselves about star-dust and other celestial impalpabilities. Here on earth, in our towns and cities, we find it often mischievous, destroying our health as well as our clothing. It will require many pages to instance the evils which it inflicts in the way of diseases.

Pathologists have conjectured that the spores of yellow fever and other maladies are borne upon it, and deposited on some unlucky person, like the seed attached to the thistle-down

Cholera and other epidemics, especially those which indicate the presence of a poison acting zymotically, are very likely to be propagated in such a manner. The inhalation of dust on a highway over which a cholera patient has walked, or where he has encamped, has been supposed to communicate the contagion, and the opinion certainly is plausible.

Diseases of the eyes, nasal passages, throat, bronchi and lungs, are often thus occasioned. The ophthalmia of Egypt, a most malignant complaint, is attributed to inflammation set up by the irritation of dust blown into the eyes. Coryza, schneiderian inflammation, hay fever, and other diseases of the pituitary membrane, are commonly incited in the same manner. The dust excreted from plants had long been supposed to produce schneiderian catarrh and hay fever. Daniel Webster was a life-long sufferer in this way, and Henry Ward Beecher is also credited with a like disorder; Ex-mayor William F. Havemeyer, of the City of New York, was reported in a newspaper, several years ago, to have been repeatedly afflicted with the complaint, and to have procured for himself immunity from it for one entire season by wearing goggles during the forepart of summer. The writer has himself been repeatedly charged with having incipient consumption, ever since attaining his majority, but has never yet found good reason for supposing that phthisis had "marked him for her own;" but he has very often noted the effects produced on him when dust driven by the wind had entered his eyes, and when he had inhaled noxious material in the air. Overflowing moisture of the eyes, dimmed vision, excessive and sometimes purulent secretion of the schneiderian and pituitary membranes, profuse expectoration, with frequent sneezing, degenerating into the "churchyard cough," have been familiar visitors when thus invited. He has learned, from dearly-bought experience, that when dust is blown into his eyes on a windy day he must expect in a few hours an attack of all the symptoms of cold in the head, and irritability of the fauces, and an expectoration copious enough apparently to indicate a speedy transit from this every day world. But these attacks subside: the attending feverishness and debility go with them, bearing evidence that the summons had not yet come.

Dr. Wood alludes to this subject, volume I, p. 793: "Other causes are heated air, acrid gases or vapors, and irritating powders inhaled into the lungs. In some persons the disease is produced by peculiar exhalations, which do not affect men in general. Thus the powder of ipecacuanha occasionally excites violent bronchial inflammation when inhaled."

English writers speak of a peculiar catarrhal affection, called in Great Britain "*the hay asthma*," which occurs in some susceptible individuals about the period of mowing in May and June, and is ascribed to the exhalation from a certain kind of grass when cut. The complaint is often very severe, involving the whole of the air-passages, and requiring removal from the sphere of the supposed cause in those exposed to its attacks.

The air exhaled from the furnaces used in heating houses is often a cause. The State Capitol at Albany is so heated, and every winter is a hot-bed of disease; catarrh and influenza prevail as epidemics during the sessions of the Legislature, and many members have contracted bronchial and pulmonary disease which sent them home to die. The first floor of the Delevan House, in that city, when heated in the winter, is hardly less unwholesome than the Capitol.

As this complaint is a common one we will pause to give it a more definite description. It is known as bronchitis, catarrhal fever, and as catarrhal consumption. The symptoms are not uniform in different individuals, but exhibit considerable variety. Uneducated persons suppose them very dangerous, and prognosticating speedily fatal results; yet patients have suffered for years, and even till old age, dying, perhaps, of something else than phthisis. Often the only observable symptoms are a slight cough and moderate expectoration, which, after lasting a considerable time, either gradually cease, or become aggravated so as to excite the solicitude of the patient. They often diminish or disappear in the summer; and again, they increase in summer and diminish or disappear with the rains of autumn.

"Severer cases are not uncommon," says Dr. Wood, "in which there is a troublesome cough, usually attended with expectoration—sometimes scanty and difficult, and sometimes easy and copious—of a thick, somewhat tenacious, opaque mucous—

whitish, yellowish or greenish ; sometimes streaked with blood, and frequently mixed with larger quantities of a thinner and more transparent, ropy liquid, probably the result of a more recent inflammation, either supervening upon the old or occupying a different part of the lungs. In some instances small whitish, opaque, solid particles are mixed with the sputa, which have by some been considered as tuberculous matter, but which, according to Andral, are nothing more than the concrete secretion of mucous follicles in the fauces. The cough is usually most severe, and the expectoration most copious in the morning. It is occasionally attended with pain, soreness, heat, and some degree of tightness in the chest ; but these symptoms are not common, unless as consequences of new accessions of inflammation.

The homœopathic remedy for the affection would be sulphur. We have had excellent results from using a mixture of syrup of squills, tincture of cohosh, tincture of sanguinaria and paregoric. We employ no formula, having generally found it better to combine medicines specifically in each individual case ; but it is important to break up the peculiar habit of living. In a patient not addicted to the use of alcohol whiskey can be occasionally employed with advantage ; tonic baths and tepid baths, with much hand rubbing, are valuable, and good feeding is better than all. Half the diseases could be got over with far less trouble and suffering if the patients were fed judiciously and medicated less.

Henry Clay was a sufferer from the complaint just described. He relieved it by the use of snuff and the cautious employment of alcoholic beverages ; but finally it invaded the lungs, and his vigor being impaired by years, he finally succumbed. In his case the inhalation of the dust with which Washington abounds was chargeable with the malady. William R. King, of Alabama, died shortly after becoming Vice-President of the United States from consumption induced by the same agency. Washington has been justly known as the "the city of magnificent distances." The streets are too wide for paving or keeping swept, and the side walks are generally covered with dust, which every breeze drives about. It is not difficult to imagine

that that is the occasion, rather than the unwholesome situation, of much of the sickness which is contracted by persons sojourning at the national capital.

How far the mechanical irritation operates to produce the unwholesome results which we have noticed we are not prepared to say. Our own opinion is that the particles of dust are infected with morbid elements, or carry with them the spores of disease; and so, when inhaled or deposited on some sensitive surface, like the mucous membranes of the eye or nose, if the person is susceptible he is at once inoculated with the poisoning matter, and soon develops morbid symptoms of the character to which he is, from his peculiar diathesis, temperament or condition, most liable.

If some pathologist will give this matter careful investigation, ascertaining the phenomena and circumstances which require attention, the nature and character of the morbid action induced, he will render an important service to his fellow creatures, and add a most valuable contribution to the scientific knowledge possessed by his profession.

No. 222 WEST 34TH ST.

GONORRHŒA AND GLEET.

BY C. D. R. KIRK, M. D.

GONORRHŒA is easily diagnosticated, generally requiring nothing more than a history of the case, though there are occasionally cases that are not the result of impure coitus. Especially is this the case with females. However, we find ample cautions to the practitioner in all books of surgery. We therefore pass on to the treatment.

Those who look for a specific for gonorrhœa—a never-failing remedy—must be disappointed. The treatment is in every case more or less empirical, and those physicians who can make the best selections of remedies on general principles will be the most successful. I have almost invariably procured and tried every “specific formula,” advertised or otherwise made known, that presented any novelty or strange idea of treatment, and yet I cannot give a formula that I could rely upon to cure without

various additions, precautions and changes to suit the several forms and stages that may occur in the course of treatment.

Gonorrhœa, like some other diseases, may be aborted, and when it is killed in its incipency, we may exclaim "it's well!" But should the caustique not abort, which is most probable among young and unskilled surgeons, we imagine "it's very bad!"

The worst cases I have ever seen were those who had tried the abortive plan of getting rid of the evil, and through some cause, beyond the knowledge of the patient or physician, had failed. I would, therefore, in consideration of the excessive pain, the danger of serious complications, and, last but not least, the objections of the patient, recommend a milder course of treatment; and although a cure cannot be promised in twenty-four hours, as is often done through the abortive plan of treatment, still we will not contemplate the after treatment of various complications—stricture and gleet, and prostatic abscess, with others of minor importance.

If the patient has taken no medicine, or perhaps has only received treatment for the local disease, I generally, after administering an emetic, if necessary, prescribe the following purgative :

R. Com. Powder, Jalap and Senna, ʒ iv.
Podophyllin, gr. vii.

M.

Give a teaspoonful every three hours until it acts well upon the bowels, and take a teaspoonful every other day through the whole course of treatment; and the following mixture may be given as soon as the first dose of the cathartic has acted :

R. Simple Tinc. Gelseminum,
Oil Erigeron, aa. ʒ j.
Spts. Nitre, Dulce, ʒ iij.

M. et S.

Give about twenty drops every four hours and increase five drops each dose until forty drops are given each dose, alternated with the following infusion :

R. Black Sumach root (*Rhus. Glab.*)
Black Haw root (*Viburnum Prun.*)
Inside bark of common pine (*Pinus Pal.*) . . aa. ʒ iv.
Boiling water, O iv.

M.

The dose is a wineglassful, given cold. Bathe well every night at bedtime in warm soda water. Have a light but nutritious diet, avoiding meat and exciting drinks and diet of all kinds until the inflammatory stage has passed.

The above comprises the constitutional treatment for uncomplicated cases, and combined with the following local treatment, which should not be omitted in any case, will almost invariably cure, and that in as short while as any treatment with which I am acquainted. Direct the patient, if a male, to bathe the penis in cold water from two to five times a day, until the urine ceases to cause a burning pain while passing through the inflamed urethra, and use the following injection with an "Essex Flexible Tube Uterine Syringe:"

℞. Sul. Quiniæ.	
Sul. Hydrastin.	
Pul. Alum.....	<i>aa.</i> grs. x.
Sul. Zinc.	
Sul. Morphiæ,.....	<i>aa.</i> gr. iii.
Elixir Vitriol.....	3 iss.

M. et S.

Add enough water to cause it to drop from a vial easily, and have it used in elm bark tea, and increasing the quantity of the mixture three to five drops each time of injecting it, until it causes a slight burning. Inject it three or four times a day pushing the nozzle of the syringe, well oiled, entirely through the diseased parts, that the medicine may be applied directly to the whole of the inflamed parts. If the nozzle causes much pain, or is somewhat difficult to introduce, bathe the penis well previously in warm water for five or ten minutes, or until the meatus urinarius is relaxed enough to admit the nozzle without pain.

If, after pursuing the above course of treatment for three or four days, the patient is relieved of all the principal symptoms except the discharge from the urethra, which is frequent and painless, add about four ounces of blackberry briar root (*Rubus Villosus*) to the first named infusion, and continue as first directed.

Should the gonorrhœa be relieved readily, but return immediately after omitting the constitutional treatment, the cause will

be found in a failure of the bath in stimulating the skin to a proper action, and may be remedied by giving about a half dram every half an hour of comp. tinc. Virginia snake root, in a little mullein tea, until there is a free perspiration, and repeat the "sweat" as often as once a day until permanently cured, which, in a majority of cases, will not require more than one or two "sweatings." The bathing in soda water should not be omitted until the gonorrhœa ceases to return.

If the treatment is faithfully pursued from an early date we need not contemplate the treatment of the various complications so common under a "regular" treatment, for if they are added it will be in a mild form; but should we be called at a later day, and find the patient suffering from a severe chordee, the addition of a few grains of gum camphor to the erigeron and gelseminum mixture, with some more gelseminum at night will relieve it. If there is phymosis wash well with soap and water, and apply the mixture for urethral injections, strong enough to cause slight astringent or burning feelings, about two or three times a day. If necessary, make an incision into the prepuce to permit the escape of the fluid. If there is hemorrhage the oil of erigeron and infusion of the blackberry root, as are recommended above, will be found potent remedies. If there are symptoms of abscess along the course of the urethra, an ointment made of tincture of aconite root and tincture of iodine, rubbed up in hog's lard, applied three or four times a day, will relieve them, but should the abscess be formed it should be opened early.

FERN SPRINGS, MISS.

(To be continued.)

PERISCOPE.

The History of Anæsthetic Discovery.—Second Chemical Stage—Discovery of Etherization.—(Continued.)

WE are next brought, in the course of events, to the year 1844, when a fresh and definite impulse was given to physical research in an æsthesia. Dr. G. Q. Coulton, of America, a lecturer on chemical and other scientific subjects, was accustomed

to exhibit in his lectures the action of nitrous oxide gas. At one of these demonstrations, at Hartford, Conn., on December 11th, 1844, there was present Mr. Horace Wells, a dentist, then in practice in Hartford. Mr. Wells had a tooth at this time which he wished to have extracted, and after the lecture he invited Dr. Coulton to his house, and requested to have the nitrous oxide gas administered to him for the operation. The gas was administered, and, when insensibility was induced, a Dr. Riggs extracted the tooth. Mr. Wells, waking from his sleep, and finding the tooth removed while he was unconscious, exclaimed, "A new era in tooth pulling!" Naturally, after this event, Mr. Wells endeavored to establish the practice of painless operations on the teeth under the influence of nitrous oxide; but after several essays in Hartford, and one in Boston, he gave up for a time all attempt to perfect his research. His failure at Boston was to him a cause of deep regret, notwithstanding it was partial only, and promised ultimate success. But some of the students hissed, it is said; and Wells, an uneducated man, with no pretensions to scientific and experimental skill, was not firm in his knowledge, and was easily cast down. Snow draws attention very properly to the fact that, at this experiment, Dr. Charles T. Jackson and Dr. W. T. G. Morton—men who afterwards took leading positions in respect to inhalation of ether—were both present.

From what we know now, Well's failure with nitrous oxide was due to the circumstance that he did not, as a fixed plan, use the absolute gas. Hence, his results were uncertain, and hence failure was a necessity; for to this rule there is no exception, that an uncertain method of anæsthesia is an inevitable failure, however good in some cases it may be. A few years later, when nitrous oxide had become for the moment forgotten in the successes of another agent, Mr. Wells once more advanced his remedy for public favor. He had, however, now less chance than ever, and soon, poor man, his mind lost its clearness, and his heart its strength. He died, we believe, by his own hand. In the great history of medicine, the life of Horace Wells is brief, his career sad, his end terrible. Yet whether by accident or by genius for observation—and to the fame of the dead these signify not—he did that for which he will be held in long remembrance. He was one round whom envy can throw no darkness. He effected but one act of which we are conversant in science, yet his name lives by it in the old and in the new world in which he labored, a name written by the one act in the durable history of our time.

About two years after the experiment with nitrous oxide

made upon himself by Mr. Horace Wells, the application of ether for the production of general anæsthesia was introduced into medicine. For the credit of this introduction two claimants are before us; one, Dr. W. T. G. Morton, a dentist; the other, Dr. Charles Jackson, a chemist. The place in which the observations were made was the city of Boston, in the United States. Dr. Jackson's account of this advance, published in the *Boston Daily Advertiser*, of the 1st of March, 1847, is that he was struck with the researches of Davy respecting inhalation, and from studying them he was led to test the action of pure ether. He experimented, he tells us, first on himself; placing the ether on a folded towel, and inhaling the vapor until he lost all power over himself, and fell back in his chair in a state of peculiar sleep or reverie. In a subsequent trial he found that his loss of consciousness was accompanied by insensibility to pain. He named these facts, he says, to his pupil, Mr. Peabody, in order to induce him to inhale ether to prevent the pain of extracting two teeth which he (Mr. Peabody) wished to have removed. Peabody, he continues, consented, and prepared some pure ether for the purpose; but, finding all the authorities arrayed against the experiment, he desisted. About the end of September or beginning of October, Jackson communicated, he affirms, his discovery to Dr. Morton, "an enterprising and skilful dentist," whom he occasionally advised, and who called at his laboratory to borrow an india-rubber bag, which, he said, he intended to fill with atmospheric air, and to cause a refractory patient to breathe the air, hoping to act on her imagination and induce her to allow him to extract a tooth. Jackson asserts that he dissuaded Morton from this attempt, and explained to him that he had discovered a process by which real insensibilities to pain might be produced. He showed, he says, sulphuric ether to Morton, taught him the method of administration, and having prevailed on him to use it, the results answered all the predictions he made respecting it. Finally, Jackson declares he persuaded Morton to venture the experiment for a capital operation; that Dr. J. C. Warren allowed the trial to be made in the Massachusetts General Hospital, and that the results proved entirely satisfactory—an amputation being performed under the influence of ethereal vapor, without giving any pain to the patient.

Such is Dr. Jackson's history of the introduction of ether. In it he claims all the priority, and makes Dr. Morton secondary in the progress. Dr. Morton, on his side, and his friends for him, declare that the application was entirely independent on his part. His latest advocate is Dr. J. Mason Warren, who

was contemporary with him, and an eye witness of what occurred.*

Dr. Warren states, then, that in the autumn of 1846 Dr. W. T. G. Morton called on him to show him some of his inventions; and at this time he introduced to him Dr. John C. Warren. In October, Morton called on Dr. John C. Warren, and told him he was in the possession of a means of preventing pain, which he had proved in dental operations, and which he wished Dr. Warren to allow him an opportunity of trying in a large surgical operation. Consent was given; and on Friday, October 16th, ether was administered by Dr. Morton, while Dr. Warren removed a vascular tumor from the neck. The operation occupied five minutes. During a part of the time the patient showed signs of sensibility, but subsequently declared that he had no pain, although he was aware that the operation was proceeding.

Up to this time Morton had not disclosed the nature of the agent he had employed, and nothing more was done until November the 7th, when he expressed his willingness to reveal what he had before held as a secret. On this date two large operations were performed under *ether*, one by Dr. Hayward, the other by Dr. Warren. On the same day, Dr. J. Mason Warren operated for a hare-lip on an infant, under ether, with partial success. From this date (the 7th of November, 1847) ether took its place as a general anæsthetic, and the practice of anæsthesia was firmly established.

In spite of all that has been written on the subject, we find it impossible to discover to which of the two men, Drs. Jackson or Morton, most credit for originality is due. Morton, as the practical man and administrator, is the man generally acknowledged, and he received a handsome award from his Government; but unfortunately he injured his cause by trying to conceal the agent he was using, until Dr. Bigelow, by the odor, detected it was ether, and patented it afterward under the title of "*Lætheon*." On the other side, Jackson appears to have been silent until Morton had spoken out by experiment; and from his admission that he allowed the old authorities to interfere with his progress in the case of his pupil Peabody, we may reasonably infer that if Morton, or some other equally enterprising man, had not undertaken the risk of a first administration, Jackson would not have advanced beyond theory. On all the facts we incline to think that both men were actually concerned in the matter—that Jackson supplied the thought and Morton

* The History of Anæsthetics from an American point of view. By J. Mason Warren, M. D., Surgeon to the Massachusetts Hospital. 1868.

the fact to the world, and that both, influenced by what was going on around them, were following rather than leading discovery. If, in fine, we candidly peruse the evidence of both these gentlemen, we cannot, whatever may be our sympathy, feel any deep sense of admiration. There was a period in which they acted in concert, and claimed conjointly their equal rights in invention. They both went in for a patent, and Morton wrote to Horace Wells, telling of the new process, and asking him (Wells) to undertake the disposal of shares. Again, the patentees paid a sum of money to one Dr. Smilie, in order that a publication of his (Dr. Smilie's) on a compound of ether and opium should not interfere with their patent. Finally, Jackson, breaking from the commercial part, claimed the reputation of the simple man of science, and conveying that Morton did not even know what sulphuric ether was until he (Jackson) told him, left his former partner in dudgeon. Let us close the controversy. Enthusiastic Collyer, wandering through the States with his mesmerism and narcotic fumes, his anecdotes of the Pythoness of the Delphic oracle who inhaled such fumes, of the Egyptian magi, of his negro "Bob" undergoing operation insensible from the vapor of rum, of himself insensible from inhalation of ether in the laboratory of University College, and with his theories of mesmeric sleep in connection with sleep from narcotic and stimulating vapors, and hibernation—enthusiast Collyer, we say, is to our minds the true modern pioneer after all—the man who ran first, and beckoned and called, however oddly, others to follow, with so much effect that a few followed at once, and many afterwards.

The news of the ether process for removing pain in surgical operations sped with marvellous rapidity, and the generation of medical men that has sprung up since the eventful year of 1846 can form little conception of the revolution it occasioned. A private letter from Dr. Jacob Bigelow to Dr. Francis Boott, of Gower street, brought the intelligence first to England, and was communicated to the profession on December 17th, 1846. On the 19th, Mr. James Robinson, a dentist of Gower street, performed the first operation in England painlessly under ether. The patient was a Miss Lonsdale, and the operation was the extraction of a firm molar tooth. On December 21st, Mr. Liston tried ether inhalation at University College Hospital in two operations, one amputation of the thigh, the other, evulsion of the great toenail, both with entire success, Mr. Squire administering the ether with an apparatus of his own invention for Mr. Liston. The facts of these operations were communicated to the *Lancet* by Dr. Boott, in a letter bearing date December 21st,

1846. In the other hospitals the practice was soon followed, and not only medical men but numbers of laymen crowded to witness the great advance. Amongst the first of the lay community bent on witnessing painless operations was the present Emperor of the French, who attended at the Westminster Hospital while Mr. Hale Thomson removed a tumor from a woman thirty-five years of age, she being in anæsthetic sleep. In Scotland, the late distinguished Professor of Anatomy in Anderson's University, Dr. Moses Buchanan obtained earliest the news of the great event, and, in his enthusiasm, came down to his mid-day lecture and let the new topic replace to a great extent the ordinary business of the hour. Immediately after the lecture, the present Professor of Anatomy in Anderson's University, Dr. George Buchanan, submitted himself to experiment, and was deeply narcotised with vapor of ether; and on the following day, in the theatre of the Glasgow Royal Infirmary, a patient was operated on for fistula under ether with success. Thus from one centre to another the process passed, and with such rapidity that in the first quarter of the year 1847 it was an established practice. It was quickly introduced, moreover, into veterinary practice—first here at the Royal Veterinary College by Professors Simonds and Spooner, and soon afterwards at Alfort.

The practice of etherisation once made known, the physiological bearings of it became the subject of laborious study. Magendie seems at first to have been unfavorably impressed by the process, and at the meeting of the Academy of Sciences, on February 8th, 1847, repeated what he had said before—that this new method of operating must be practised with the utmost caution and reserve. But MM. Serres, Gruby, Longet, and Flourens were sanguine; and in March, 1847, Longet published a memoir in the *Archives of Medicine* on the "Effects of Inhalation of Ether on the Nervous System of Animals," which for accuracy of observation and analysis of fact has never been surpassed. In our own country, Dr. John Snow entered at once on the physiological line of inquiry, and, combining it with masterly skill to practice, laid the foundation of a true science of anæsthesia.

One further application of ether was required, viz, for the relief of the pain of childbirth. In this work the late Sir James Simpson, of Edinburgh, played the first part. On the 9th of January, 1847, Professor Simpson narcotised a patient with ether in order to facilitate the operation of turning. The result, he reported, was most satisfactory and important; for it at once afforded evidence of the one great fact upon which the

whole practice of anæsthesia in midwifery is founded ; it proved, namely, that though the *physical sufferings* of the parturient patient could be annulled by the employment of ether inhalation, yet the *muscular contractions* of the uterus were not necessarily interfered with ; or, in other words, that the labor might go on in its course, although the sensations of pain usually attendant upon it were, for the time being, altogether abrogated.*

And now the name of Simpson appearing on our page reminds us that the second chemical stage in our history of anæsthetic discovery must herewith be brought to a close, and that in our next paper we shall have to enter on a new chapter—the discovery of the anæsthetic properties of chloroform.

Effects of Compressed Air.

At a meeting of the St. Louis Medical Society, held in April last, Dr. E. A. Clark made an oral report concerning the cases which had been brought to the City Hospital from the air chambers under the piers of the bridge being built across the Mississippi river at this place—there had thus far been thirty-five cases under treatment, and four deaths—and gave briefly his views as to their cause and pathology, and a brief statement of the morbid lesions revealed post mortem.

The shaft was ninety-four feet deep, and the atmospheric pressure in the caisson or air chamber in which the men worked was about forty-seven pounds to the square inch. Entrance to and exit from the air chamber was effected through an "air-lock," in which the density or pressure of the atmosphere was gradually increased to that within the chamber, when the chamber was being entered, or diminished to that of the external air during exit. The workmen usually alternated two hours in the chamber and two out, but this was changed from time to time. While in the caisson they are but slightly affected, but in from a few minutes to twelve hours after coming into the open air they are suddenly seized with pain in the lower extremities—usually about the knees. This varies from mere numbness to complete paralysis. In some cases the limbs are at first spasmodically contracted. Sometimes there is a feeling of formication. The motor power in some is complete, yet they are insensible of pain to the touch. The pulse is increased in frequency and di-

* Sir James Simpson's report of this case was communicated to the Obstetric Society on the 20th of January, 1847.—*Monthly Medical Journal*, 1846-7, p. 639.

minished in force. Electricity produces but little effect of sensation, though the patient may be suffering. There also existed in some a want of co-ordination, or uncertainty of movement, as in locomotor ataxia.

Of the four deaths, one (nearly dead when brought to the hospital) occurred in four or five hours after coming out. Another was in a comatose state when brought in, but under treatment revived, and the pains then commenced. One died of perfect paralysis of the lower extremities, and the other suffered sloughing, from the imprudent application of hot bricks and stones previous to being brought in.

The treatment was varied in accordance with the condition of the patient. In the first case opiates and chloroform were administered and stimulating applications made.

The cold bath was tried, but was found to increase the suffering. The hot bath—110° F.—was beneficial. The patients would go to sleep in some cases almost immediately; being removed the pains would return, but re-administration of the bath would invariably afford relief.

The post mortem examination in each of the four cases revealed congestion of the brain and spinal cord and their membranes. There was probably an increased quantity of fluid in the spinal canal. The kidneys were congested, as were also the mucous membrane of the bladder and ureters. In several of the cases there were clots in the kidneys, the urine was bloody, and the contents of the bladder clotted. The spleen and intestines were congested. The lungs, so far as indicated by the post mortems, seemed to suffer least. In one case of three weeks' duration the spinal cord, from the tenth dorsal vertebra down, was soft and pulpy.

The ears were injured in but few of the cases brought to the hospital—in one case there was rupture of the tympanum.

The majority of the cases occurred among men during their first descent to the work.—*Medical Archives, Med. Gazette.*

Treatment of Croup.

I ALWAYS commence the treatment by an emetic of turpeth mineral, in doses of from three to five grains, according to the age of the child. If it does not act in fifteen minutes I direct a second powder to be given. This, however, is rarely necessary, and I have never known a second dose to fail to act in a few minutes, except in one instance, which I will mention hereafter. My reasons for preferring this to all other emetics in croup are the following: It acts much more promptly and efficiently than

ipecac. or alum ; it is tasteless, and much more easily administered than either ; it does not exhaust and depress the vital power, like antimony. It is equally prompt in its action with the sulphate of copper, while it is much more effective as a revulsive and sedative. I think the active emesis from the turpeth mineral accomplishes the following results much more speedily and effectively than any other agent : It depletes the mucous membrane by an abundant secretion of mucous, which is thrown up ; it removes from the larynx, by the forced expiration which it causes, any albuminous or fibrinous exudation, which may be there in a different state, and which, by remaining, may become subsequently pseudo-membrane ; it acts as a powerful revulsive, and thus diminishes the capillary circulation in the trachea and larynx ; and thus it becomes a most effective agent in arresting the inflammatory process. I remember that you once asked, some years ago, whether I regarded the mercurial emetic as specially an antiplastic agent. I answer no, except in the indirect way I have mentioned above. I regard it as very important that this emetic should be given immediately on the appearance of the symptoms which threaten croup. It is the only medicine which I have constantly carried in my pocket for twenty-eight years. In all families with young children that I attend, where the slightest tendency to catarrhal laryngitis has been manifested, I have been in the habit of directing that this medicine should be constantly kept where it can be readily found ; and I have no doubt that at this moment a hundred families in this city have three-grain powders of the turpeth mineral carefully labelled "croup powders." I think that by this precaution some lives may have been saved ; and I am very sure that many a bad night I have enjoyed a quiet, undisturbed sleep, when, had it not been for these powders, I should have been routed out. There is one advantage in their use which I must not omit : if the supposed attack of croup is simply one of laryngismus stridulus, or of what is called false or spasmodic croup, the powders do no harm. Of course, after such an attack, the physician will be summoned for an early morning visit, when he will discover what sort of disease he is called upon to treat. If it prove to be a case of laryngismus stridulus, I endeavor to find the source of the reflex irritation and remove the cause. But, if I find evidence of catarrhal laryngitis simply, then I rely mainly on opiates, which I regard as almost the specific for acute catarrh of the respiratory apparatus, whether it occurs in infantile or in adult life. I direct full doses, proportionate to the age of the child, of Tully's powder or the Dovers powder, or the "Brown Mixture" of the U. S. Dispensatory. But I

watch such a child closely, visiting it a second time before evening. But if, on my morning visit, I find the child with a quick pulse, hot skin, somewhat hurried breathing, and an occasional ringing cough, but with no thoracic râles, I direct that he shall be kept quiet in bed, comfortably covered, but not with too many clothes, and I prescribe the *veratrum viride*, in one or two drop doses, according to the age of the child, as for example in the following formula:

℞ Syr. Simplicis..... ʒi.
 Aq. Puræ..... ʒ vi.
 Spts. Ether, Nitros..... ʒ ij.
 Tinct. Verat. Viridis..... gtts. 16-30.
 M. S. A teaspoonful every second hour.

I visit the child at least as often as every eighth hour, and increase or diminish the dose, according to the effect of the medicine on the pulse. I never am satisfied until I find the pulse below 80 per minute, and I then continue the *veratrum* in half the dose that I found necessary to bring it down to that point. My experience in the use of the *veratrum viride* now dates back more than twenty-five years, and I have never found it fail to reduce the pulse of irritation or of inflammation (it will not reduce the rapid pulse of exhaustion), and I have never found the slightest danger or uncertainty in its use, as I watch its effects closely. If thoracic râles, hurried and labored respiration, and other symptoms, indicate that the disease is extending downward, I then substitute for the above prescription something like the following formula, of course varied according to the special indications of the case:

℞ Mist. Acaciæ.
 Syr. Tolutani..... aa. ʒi.
 Ammoniac Carb..... ʒ ss.
 Tinc. Verat. Viridis..... gtts. 16-30.
 M. S. A teaspoonful every second hour.

It has sometimes occurred that I have found evidence of increasing laryngeal and tracheal obstruction, and I have in consequence repeated the emetic of the turpeth mineral on the second or third day; but I have never had occasion or deemed it well to repeat it a third time. Several times, a few hours after the emetic, but never during its immediate action, the child has thrown off more or less detached portions of membrane. In two instances I have had perfect casts of the trachea, with its bifurcation and some of the primary branches of the bronchi thrown off. One, in 1856, I exhibited before the Obstetric Section of the Academy of Medicine. It occurred in a child thirty

months of age, following measles. The other I exhibited before the Medical Class of Bellevue Hospital Medical College, in the winter of 1862. Both of these children recovered; but I was particularly struck with the fact that there was no immediate improvement of the respiration or apparent amelioration of symptoms directly following the throwing off of the membranous casts. I am indebted to you, some ten years ago, for my knowledge of the tolerance and great value of quinine in large doses, in some of the diseases of the respiratory organs of children. I have found it of great service in some cases of croup in the advanced stages, when the respiration is hurried and irregular, the paroxysms of cough becoming less marked, the intermissions less distinct, and the cough husky instead of ringing. I have substituted for the last formula the following:

R Mist. Acaciæ.

Syr. Senegæ..... aa. ʒi.

Quiniæ Sulph.

Ammoniæ Car..... aa. ʒ ss.

M. S. To be well shaken. A teaspoonful every fourth hour.

When the croup is complicated with lobular pneumonia, I usually give the quinine separately, four or five grains three times a day, while the little patient takes the last of the prescriptions containing *veratrum viride*.

I may be permitted to say that my great confidence in the treatment that I have sketched is based on the success which I have had. You, who know something of the extent and character of my practice, must admit that I have either been very lucky in never having had a case of true croup, or that I have had an unusual success in treating it; for, during the twenty years that I have practised in this city, I have never lost a case from croup. No burial certificate of mine can be found, of death from croup, in the mortuary records of the Health Board of this city. I regard this fortunate result as being partly due to the strenuous earnestness with which I impress on the families that I attend the importance of meeting the first symptoms of croup by a prompt and efficient treatment; partly to the fact that the remedy is always kept ready for immediate use, and two or three hours are not lost in sending for a physician, and then in sending to the druggist; partly to the incessant care with which I watch the disease during its progress; and partly to the special agents which I use as remedies. Since my residence in this city I have seen in consultation quite a number of cases of croup, which have died. Some had no treatment until the

disease had progressed so far that all treatment was useless, and others had very different treatment from that which I have indicated in this paper.—*Dr. Barker, in New York Med. Journal.*

Use of Mustard in Hiccough.

In the *Siglio Medico* Dr. Jauariz reports a curious case of obstinate hiccough cured by the internal administration of an infusion of mustard. A Spanish physician was seized, while convalescing from a gastric fever, with obstinate hiccough, which gave him no rest. For sixty hours the patient was treated with antispasmodics, narcotics, ipecacuanha and revulsives, without effect. He then besought his wife to give him some linseed tea—she by mistake gave him an infusion of mustard. Of this the patient drank a cupful at once, and was surprised to find his hiccough cease, not to return. This physician profited by the lucky mistake of his wife, and subsequently treated with success many obstinate cases of hiccough. The dose which he employed was one teaspoonful to four ounces of boiling water. The author of the article in the *Siglio* had also successfully employed the infusion of mustard in three cases of obstinate hiccough, which had already lasted many days. In the *Gazette Medico-Chirurgicale de Toulouse* a case is related of a governess who had been treated for hiccough during twenty days with every variety of antispasmodic—ether, belladonna, valerian, etc.; laudanum was the only thing which gave any relief, and enabled the patient to retain some nourishment. At last, recourse was had to the infusion of mustard; one teaspoonful of flour of mustard was infused for twenty minutes in about half a pint (250 grammes) of boiling water, it was then filtered and given to the patient, who swallowed it at one draught. The troublesome affection ceased at once and never returned. Cases of obstinate hiccough are sufficiently frequent and intractable to make practitioners grateful to us for pointing out to them a remedy so efficacious and so handy as infusion of mustard seems to be. The editor of the *Edinburgh Medical Journal* says of this: Of many obstinate cases of hiccough we have never seen one cured—they all wore themselves out. We are aware that this is also the experience of one of the most widely employed consulting physicians of recent days. At the same time obstinate hiccough, in certain circumstances, and under certain conditions, is readily produced by local irritants; a piece of dry bread will often bring it on; and there is no reason why such a merely local stimulant as mustard should not prove curative. We recommend its employment to our professional brethren.—*Medical and Surgical Reporter.*

Improved Formula for the Administration of Iodine.

Dr. F. P. Mann, of Brooklyn, sends us the following note: The administration of iodine, in full doses, in the formula given by Lugol, in pill, or any concentrated solution, is apt to be attended with more or less difficulty, owing to the fact that the remedy produces constriction of the fauces, and sometimes irritation of the stomach. It occurred to me some time since, having occasion to test the efficacy of iodine in full doses, that as sugar materially assists in obviating the above difficulties to its free administration, the employment of molasses containing uncrystallizable sugar, together with certain extractive matters expressed from the sugar cane, might so absorb the free iodine as to conceal its taste and other objectionable properties. I found it to answer the purpose perfectly. By the use of the following formula complete iodism can be produced rapidly, and maintained for any desirable length of time without producing griping pain or any disagreeable result. I have employed it successfully where ordinary doses of iodine and iodide of potass have failed.

R	Iodinii.....	gr. xvi.
	Iod. Potass.....	gr. xxxii.
	Aquæ Puræ.....	3 ij.
	Syrup Empyreumat.....	3 vi.
	Ess. Gaultheriæ.....	3 ij.

M. et ft. sol. Dose, one tablespoonful three times per day, one hour before meals.

It will be seen that each tablespoonful contains one grain of pure iodine. The advantages of this formula are that double the quantity of iodine can be given, without inconvenience; that the remedy is rendered tasteless, while the syrup is pleasant and agreeable. The solution should stand twenty-four hours before using.—*New York Medical Journal.*

EDITORIAL.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

THE first meeting of this Association was held in Chicago, on the 27th, 28th and 29th days of September, 1870.

A very large body of eclectic physicians, representing a majority of the States of the Union, were present. We never had the pleasure of attending a more enthusiastic or successful meeting. The deliberations of the Association were harmonious, and the best feeling and spirit prevailed

A complete reorganization of the Association was made, a Constitution and By-Laws were adopted, the annual officers elected, and a great amount of important business transacted. The next annual meeting of the Association will be held in the city of New York, in September, 1870.

The hospitalities of the city of Chicago were extended to the Convention. The Committee of Arrangements, consisting of the eclectic physicians of that city, deserve very great consideration for the efficient manner in which they discharged their duty.

A full report of the proceedings will appear in the next number of the REVIEW, having been received too late for publication in the present number.

PHYSICIANS' DIPLOMAS FROM PHILADELPHIA.

THE New York *Tribune*, of October 6th, has an editorial article from which we make the following extract:

"Philadelphia continues to be the chief market of medical diplomas, to the great discomfort of the really respectable medical schools of that city. One Fullmer is the most notorious factor of these spurious documents. He will obtain 'sheepskins' for any skinless quack who will pay him \$105—cash on delivery. These profess to come either from 'The University of Pennsylvania' or 'The Hahnemann Medical College,' so that both the allopathic and the homeopathic customer can be suited. The real 'University of Pennsylvania' is a highly respectable school, and knows nothing of the scamp Fullmer and his wicked ways; but there is a self-incorporated 'University' there, which is mainly a shop for the sale of quack medicines, and it is from this most venerable institution that Fullmer's skins are obtained."

There is a great deal of scandal about these same spurious diplomas. They are an outrageous imposition on the public, as well as upon the medical profession; and their effect necessarily is to depreciate the value of every genuine degree that these medical impostures may happen to confer. It is a notorious fact that applicants who have been rejected, and persons who did not dare to apply at any respectable institution, have bought these pinchbeck wares, taking refuge behind the hard seal of the State granting the authority of conferring the degree of Doctor of Medicine.

Whether the Hahnemann Medical College is an actor in this fraud we have no reliable information, except what is afforded by the *Tribune*. We have heard the same thing asserted of the Homeopathic College of this city. But a man who is scamp enough to

sell diplomas to uneducated persons is none too good to counterfeit them.

"What is to be done about it?" asks the *Tribune*. We suppose that the proper course would be for the Legislature of the State where the institution exists which perpetuates the imposition should require an investigation into the facts, and when due cause is established should annul the charter. The medical societies should promptly indicate the above, and cleanse themselves from the responsibility by refusing to acknowledge the spurious diplomas. Individual practitioners should also take a similar course.

TO THE ECLECTIC MEDICAL PROFESSION.

THE Secretary of the National Eclectic Medical Association was authorized to issue a printed circular containing the Constitution of the Association and a copy of a special resolution, by the provisions of which, all eclectic physicians to whom the circular is addressed may become members of the organization—the time for signing the Constitution being held open.

As the entire proceedings of the Association—among which are many valuable papers—will be published in a large volume for the use of the members, we hope every eclectic physician who receives the note from Dr. R. A. GUNN, the Secretary, will at once comply with the necessary conditions by which their names will be entered in the list of members.

ECLECTIC COLLEGE OF PHARMACY.

WE are happy to announce that arrangements are now being perfected for the establishment of a School of Eclectic Pharmacy in this city.

Able and efficient men have engaged in the enterprise, and we have no doubt of its complete success.

NEWS AND MISCELLANY.

BROOKLYN ACADEMY OF ECLECTIC MEDICINE.

THE Brooklyn Academy of Eclectic Medicine held their regular monthly meeting, at 236 Myrtle avenue, Sept. 7th, 1870.

H. S. Firth, President *pro tem*, in the chair.

Minutes of previous meeting were read and approved.

The censors reported favorably upon Dr. Van Skelline, who was balloted for and elected.

Dr. L. B. Firth proposed as a candidate for membership Dr. Thomas Morris. The proposition was referred to the Board of Censors.

Dr. H. E. Firth moved that a committee of three be appointed to represent the Society in the National Eclectic Medical Convention, which meets in Chicago on Sept. 27th, 1871. Carried.

The Society appointed Drs. H. E. Firth, D. E. Smith and B. J. Stow.

Dr. L. B. Firth, essayist, read a very interesting paper upon the subject of cholera infantum. The essay contained many good suggestions in reference to the treatment of the disease, and was listened to with much interest. The doctor claimed that follicular inflammation of the mucous membrane of the stomach and bowels was almost always an accompanying pathological condition. The disease prevails chiefly with young children, and the susceptibility is increased during the period of teething, and high elevation of temperature. During heated terms the nervous system is depressed, and the influence of the pneumogastric and sympathetic nerves over the nutritive and digestive system no doubt contribute in developing the disease.

The treatment should be directed with reference to allaying the irritability of the gastro-intestinal mucous membrane, and restoring the equilibrium of the nervous and vascular systems. Medicines should be administered in small and oft repeated doses rather than in large quantities.

A number of valuable formulæ were given by the doctor.

Among the favorite remedies were camphor, chloric ether, ipecac, tinct. veratrum alba, bismuth, Beach's diaph. pulv., etc.

He has frequently found, when the neutralizing powder of the Eclectic Dispensatory failed to rest upon the stomach, the following prescription to be reliable:

R. Syr. Rhei. Aromat.....	ij.
Aquæ Calcis.....	ss.
Aquæ Menth pip.....	j.
Tr. Opii Camp.....	ij.

The paper was received and referred to the usual committee.

The discussion was continued by Drs. D. E. Smith, H. S. Firth, F. Myers, D. Wilcocks and Prof. Comins, of New York.

Dr. D. E. Smith has used a compound of aromatic syrup of rhu-barb, lime water and peppermint water with advantage. He usually withholds fluids as much as possible, on account of their liability to keep up vomiting. He has found gum arabic water in small portions to be well retained.

Dr. H. S. Firth remarked that much attention should be bestowed to the skin; by restoring an equilibrium between the external and internal excretory vessels we relieve the intestinal irritation. When vomiting occurs from anæmia stimulants are required, but if inflamma-

tion is present then the treatment should be different. He has found the following prescription to be good to allay simple irritability :

R. Tr. Lobeliæ..... gtts. iij.
 Etherio Sulph..... gtts. viij.
 Aquæ..... ʒj. M.

S.—Ten drops in water every fifteen or twenty minutes.

When the discharges are yellow, or brown or acrid, bile is present, and astringents may be found useful, as the following :

R. Spts. Vini gal..... ʒ ss.
 Tr. Rhei Aromat..... ʒ ss.
 “ Catechu..... ʒj.
 “ Opii..... gtts. xx.
 Tr. Ol. Menth pip..... gtts. x.
 Sodæ Bicarb..... ʒj M.

S. Twenty drops every hour or two.

Prof. Comins has found upon dissection the coats of the stomach inflamed ; also the intestines, more or less ; supposes that an acrid fluid is present, and is a source of the irritation. He believes also that there is a deficiency of the gastric juice. He recommended the following as a favorite prescription :

Acidi Carbolici..... grs. i'—iij.
 Aquæ..... ʒj. M.

S.—A teaspoonful every twenty or thirty minutes.

Alcoholic vapor baths also are good, or alcohol may be vaporized and inhaled.

Dr. H. E. Firth thought medicines should be administered in small and oft repeated doses. The stomach and nervous system of the child is very sensitive, and the disease will frequently yield to small doses of medicine. Medicines should be employed in view of producing a sedative effect upon the irritable condition of the mucous membrane of the stomach and bowels, and to impart a vitalizing influence upon the depressed nervous system. He has found the following prescription to be very efficacious :

R. Pulv. Tannin.
 “ Ipecac..... aa. gr. j.
 “ Diaph Co.
 “ Bismuth..... aa. grs. ij.
 Ol. Cajeput..... gtt. j.
 Sach. lact..... ʒ ss. M.

Ft. in chart, No. xxx.

S.—One every fifteen or thirty minutes.

Or, instead of the above, the following :

R. Aqua Cinnamon.
 “ Menth pip..... aa. ʒ iij.
 Tr. Opii. Camph..... ʒj.
 Spir. Vini gal..... ʒj.
 Syr. Rhei Arom.
 Mucil. gum accacia..... aa. ʒj.

M. S.—A teaspoonful every half hour or hour.

The discussion was continued by Drs. Myers, Wilcox and others.

The subject of electricity was introduced, and of its applicability in a variety of diseases. Several remarkable cases were cited in evidence of its potent influence as a therapeutic agent in restoring lost nervous energy, and its effect as an equalizer to the circulation.

Essayists for next meeting, Drs. Horton, Cooper and Wilcocks.

On motion, meeting adjourned.

H. E. FIRTH,
Secretary.

AN average Egyptian can see nothing distinctly at a distance of more than five hundred yards, and has no acuteness in detecting an object within as many feet. A recent traveller says that when the railway was constructed the utmost difficulty was found in procuring men capable of seeing or recognizing the difference between signals only a hundreds yards off. Many candidates came, but few passed the test. One man was nearly passed, but the engineer was not quite satisfied that the fellow had not been "making good shots" at the colors. So he held out his hat at one hundred and fifty yards, and the hapless signalman pronounced it to be "the red flag."

AN Iowa doctor told a man that he had a diagnosis of the polyphemus, and it scared him so he shot himself dead.

A DIRGE.—The following appears in the *Detroit Post*, its gifted author not favoring the world with his name :

Grim death has taken darling little Jerry,
The son of Joseph and Syrena Howells;
Seven days he wrestled with the dysentery,
And then he perished in his little bowels.
Most likely 'twas weaning injured little Jerry;
His bottle seemed to damp his stomach's tone;
But with the angels he gets plump and merry,
For there's no nursing bottles where he's gone.

WOMEN SURGEONS.—There are several women surgeons in the French army, and it is asserted that they expose themselves to the greatest of danger in running to the assistance of the freshly fallen.

CAUSE OF THUNDER.—A new theory of the cause of thunder is broached in the *Scientific American*. It is that the water is decomposed by lightning and the gases instantaneously reunite, causing an explosion.

BABIES.—Babies are such imitative animals, and cling so tenaciously to what they early learn, that fond mothers should be careful to address them in sound grammatical English. The nonsensical talk indulged in by devoted parents is said to induce great backwardness in the acquisition of language by the babe.

LEAD FOIL.—The use of lead foil in place of lint, advocated by Dr. Burggraave, of Ghent, who has adopted the plan with great suc-

cess in hospitals of that town, finds favor with the military surgeons, and is being introduced at Metz and other places.

THE TROY PRESS, the 2d of last month, says that an old lady, sixty-five years of age, living on Third street, Troy, was delivered of a child on Sunday, the first fruits of her marriage, over forty years ago. This story is probably a *canard*.

THE NOSE.—The nose acts like a custom-house officer to the system. It is highly sensitive to the odor of the most poisonous substances. It readily detects hemlock, henbane, monk's-hood, and the plants containing prussic acid; it recognizes the fetid smells of drains, and warns us not to smell the polluted air. The nose is so sensitive that it distinguishes air containing the 200,000th part of a grain of the otto of rose, or the 15,000,000th part of a grain of musk! It tells us in the morning that our bedrooms are impure, and catches the fragrance of the morning air, and conveys to us the invitation of the flowers to go forth into the fields and inhale their sweet breath. To be led by the nose has hitherto been used as a phrase of reproach; but to have a good nose, and to follow its guidance, is one of the safest and shortest ways to the enjoyment of health.

THE SIAMESE TWINS.—A question much discussed in scientific circles some years ago has received solution, viz., whether the serious illness of one of the famous Siamese twins would necessarily affect the other. It seems now that Chang has had a paralytic stroke, and that the health of Eng remains quite unaffected by it. A prominent medical journal of London is of opinion, also, that, should either die, the ligature might safely be cut so as to preserve the life of the survivor.

INCOMPATIBILITY OF QUININE AND VERATRUM VIRIDE.—Dr. Bradly, of Marys, Ohio, reports that when a patient is under the influence of veratrum viride it is highly dangerous to administer quinine. The effects are most alarming—immediate sinking and irregularity of the pulse, which in some instances reaches collapse. He ran great risk of losing three patients before he became aware of the actual cause.

TREATMENT OF INFANTILE DIARRHŒA.—Dr. R. W. Foss says, in the *British Medical Journal* of September 3d: "As the treatment of infantile diarrhœa is of some interest at present, I send you a short account of some trials I have been making lately of an old remedy—the Gum Arabic. I have used it now, either as mucilage or powder, in some thirty or forty cases, varying in age from a few days to several years. I have no details of the cases, but can say that, since I began to use it, I have no deaths.

"There are three forms of infantile diarrhœa common at present. 1. Green stools, usually complicated, with vomiting. 2. Simple diarrhœa, with very fetid stools. 3. An almost constant involuntary discharge *per anum* of a pure fluid. In the first and third of these forms a little gray powder added, in the proportion of one part to twenty of powdered Gum Arabic, and given in doses of five grains, has a rapidly

beneficial effect. In the other form mucilage, one part to three of water, is all that is required. The good effects of the mucilage can only be attributed to its mechanical action on the mucous surface of the bowel, sheathing it, so to speak, and allowing the acrid vitiated juices to pass away."

MAXIMS OF SUCCESS.—The celebrated Scotch surgeon, James Syme, who died last June, used to give his students the following maxims to insure success in practice :

1. Never look surprised at *anything*.
2. Before stating your opinion of a case on your second visit, ascertain whether your previous directions have been complied with.
3. Never ask the same question twice.

SURGEONS' HALL AND THE LADY STUDENTS.—At a meeting of the lecturers of Surgeons' Hall, Edinburgh, the following resolutions were passed, on the motion of Dr. Arthur Gamgee, seconded by Dr. Macadam: "1. That it is expedient that lecturers in this medical school should be free to lecture to female as well as to male students. 2. That no restrictions be imposed upon lecturers as to the manner in which instruction is to be imparted to women." The lecturers were authorized to make what arrangements they considered desirable to carry out these resolutions, either by separate classes or in mixed classes.

TO REMOVE RUST FROM SURGICAL INSTRUMENTS.—The *American Practitioner* quotes the following from the *Druggists' Circular*: "Red rust may be formed on a polished surface a thousand times, without materially corroding the metal, provided it be removed soon after it has formed. To remove red rust cover the rusty portion with common olive oil, and rub it in well with a woolen cloth. After it has stood a few hours rub the parts with finely pulverized slacked lime or Spanish whiting, until the rust is all removed. If red rust is allowed to accumulate until the polished surface is corroded, sweet oil and a severe rubbing will seldom remove it. The entire surface must be repolished with emery, or some other grit, before black rust will disappear from polished steel or any other metal.

AN EXCELLENT WAY OF FINDING LUNG TISSUE.—Dr. Fenwick (*Medico-Chirurg. Trans.*) finds the characteristic lung tissue of phthisical patients in the sputum as follows: Liquefy the sputum with pure caustic soda, when any particles which may be contained in it fall to the bottom of the vessel, and can be easily removed and placed under the microscope.

CHRONIC BRONCHITIS IN BRIGHT'S DISEASE.—This is one of the most common complications of Bright's disease; so common that Rayer observed it in seven eighths of his patients, and Wilks states it, from an extensive analysis of cases, to have been more universal than

any other single symptom, albuminous urine alone excepted.—*Guy's Hosp. Reports.*

THE COATING OF THE TONGUE.—J. M. DaCosta, M. D., of Philadelphia (*Medical Diagnosis*), gives the subjoined variations of the coating of the tongue: In health the tongue has hardly a discernible lining; disease quickly gives it one. In inflammation of the respiratory textures, at the commencement of fevers, in disorders of large portions of the abdominal mucous tract, the epithelium accumulates, and the tongue has a loaded, whitish appearance. The coat is apt to be yellowish in disturbances of the liver, and of a brown or very dark hue when the blood is contaminated. But we must be very sure, in drawing our inferences, that the abnormal aspect be not due to the food partaken of, or to medicine. Its color is also modified by the character of the occupation. Thus, as Chambers asserts, there is a curious, smooth, orange tinted coating on the tongue of tea tasters. A local cause sometimes gives rise to a thick, opaque coat. For instance, decayed teeth may produce a yellow sheathing on one side. Affections of the fauces also occasion a deep yellow hue. Again, some persons, even in health, wake up every morning with their tongues covered at the back with a heavy coating, which wears off during the day.—*Med. Record.*

THE SEWING MACHINE ON THE HEALTH OF FEMALE OPERATORS.—Dr. Decaisne (*l'Union Medicale*), after a careful investigation of 661 female operatives upon the sewing machine, proves that these operatives are not, as has been pretended, more subject than other working-women to metrorrhagia, peritonitis, miscarriage, and leucorrhœa, and that the cases which have been reported are evidently simple coincidences, and the result of a labor too severe for the woman's strength. As regards the machines, with the women as motive agent, those with isochronous pedals should be preferred to those with alternate pedals; in this way the operator is guarded from any excitation.

THE FORCE OF UTERINE CONTRACTION.—The extreme force of uterine contraction produces a pressure of 3.402 lbs. per square inch, which is equivalent to a pressure of 54.106 lbs. acting upon a circle of $4\frac{1}{2}$ inches in diameter, which is assumed as the average area of the pelvic canal. The maximum force used to expel the fœtus, by both uterine and abdominal muscles combined, is estimated by Joulin, by forceps experiments made on the dead body, at 110.23 lbs., a result which is regarded by Dr. Duncan as too large. Dr. Duncan considers 80 lbs. as the maximum force ever employed in difficult cases. This would correspond with an hydrostatical pressure inside the uterus of 5.03 lbs. per square inch, which is greater than the uterine muscles, unaided, are capable of producing.—*Dub. Quarterly Journ. Med. Science.*

ABSENCE OF UTERUS IN TWO SISTERS.—A patient, aged 20, was lately in Guy's hospital, under the care of Dr. Phillips, in whom no

trace of an uterus could be felt. She was of dark complexion, and was rather diminutive in stature. The external genitals were perfect, the pubes were covered with hair, and the mammary glands were well developed. The vagina was represented by a short but dilatable canal, ending as a *cul-de-sac*, in the mucous membrane of which there were three small apertures. By means of a careful pelvic examination the uterus was found to be wanting, and no ovaries could be felt. She had been subject, since her marriage at seventeen, to pain in the loins, to sickness and headache, and these were increased in severity for a few days every month; but there had been no hemorrhage from the vagina nor from any other part. The patient stated that one of her sisters had never menstruated, and when the latter, aged 21, presented herself among the out patients, it was found that a similar malformation existed. She also was married, was very like her sister in appearance, but taller, and on examination was found to have a short vagina, but, as far as could be ascertained, no trace of uterus or ovaries.—*British Medical Journal*.

STATISTICS OF LIFE.—The yearly mortality of the globe is 33,333,333 persons. This is at the rate of 91,554 per day, 3,730 per hour, 62 per minute. One fourth of the population die at or before the age of seven years. One half at or before 17 years. Among 10,000 persons one arrives at the age of 100 years, one in 500 attains the age of 90, and one in 100 lives to the age of 60.

A PHYSICIAN recently advertised for a partner who could stand “a confinement.” He received an answer from six widows with sixteen children each.—*Ex*.

A CASE OF EXTRAORDINARY FECUNDITY.—A. C. White, M. D., of Spring Hill, Tenn. (*Rich. and Louisville Med. Jour.*), transmits an extraordinary case of fecundity, occurring in a colored woman, aged 36 years, who has borne twenty-six children. This case was alluded to last year in the same journal, and he repeats that she had six children at single birth, all of whom are living; then followed twins eight times in succession; then triplets, which Dr. White delivered, and now a single birth. All of the children of plural births died in a few days or a few months after birth, excepting one of the triplets, which was still-born. The interval between her plural births has not been longer than twelve months.

WOMEN PHYSICIANS.—The Russian Government has decided to admit women into the Medical University of St. Petersburg after passing an examination. They will be taught separately from the male students, and the whole course of study is limited to a period of four years. A diploma as midwife, which confers the right to practice, is to be given to those who go through all the prescribed examinations.

DR. AUZIAS-TURENNE.—This celebrated physician died about the first of June of pneumonia. He was buried without any religious

service, it is said, at his own request. His will contained the directions that his body should be dissected, his bones carefully cleaned and articulated, and his skeleton, thus prepared, be offered to the school of medicine of Christiana, in Sweden. This was out of gratitude for the willing reception the school accorded to his famous doctrine of "syphilization." It was often thrown up to him that he ought to inoculate himself if this theory was true and he was convinced of it. But he always parried these attacks. After his death it was found he had actually done so, and there were found *more than fifty* characteristic scars where he had inoculated himself with the syphilitic virus!

CHARLES DICKENS.—Commenting on the death of Charles Dickens, the *British Medical Journal* says:

"How true to nature, even to their most trivial details, almost every character and every incident in the works of the great novelist whose dust has just been laid to rest really were is best known to those whose tastes or whose duties led them to frequent the paths of life from which Dickens delighted to draw. But none except medical men can judge of the rare fidelity with which he followed the great Mother through the devious paths of disease and death. In reading *Oliver Twist* and *Dombey and Son*, or *The Chimes*, or even *No Thoroughfare*, the physician often felt tempted to say, 'What a gain it would have been to physic if one so keen to observe and so facile to describe had devoted his powers to the medical art.' It must not be forgotten that his description of hectic (in *Oliver Twist*) has found its way into more than one standard work, in both medicine and surgery (Miller's *Principles of Surgery*, second edition, p. 46; also, Dr. Aitken's *Practice of Medicine*, third edition, vol. i., page 111; also several American and French books); that he anticipated the clinical researches of M. Dax, Brocca, and Hughlings Jackson, on the connection of right hemiplegia with aphasia (*vide Dombey and Son*, for the last illness of Mrs. Skewton); and that his descriptions of epilepsy in Walter Wilding, and of moral and mental insanity in characters too numerous to mention, show the hand of a master."

DR. HERING, Professor of Physiology in the University of Prague, lately delivered a public address at Vienna on the subject: "Memory as a universal function of organized matter." The topic is rather a startling one.

A COMPOUND isomeric with chloral has just been discovered by two Berlin chemists. It differs from ordinary chloral by having a much higher boiling-point.

ROKITANSKI, the distinguished anatomical pathologist, has been elected President of the Imperial Academy of Medicine at Vienna.

OSCAR LIEBREICH.—This physician, whose researches concerning chloral hydrate have made him so suddenly famous, is chemical assistant in the Pathological Institute at Berlin.

CONSUMPTION AND CANCER.—Pulmonary consumption is derived from cancer, according to Dr. Brudel. This practitioner, from 100 cancerous parents, has seen seventy-five times pulmonary consumption reach the children, and he has seen fifteen times pulmonary consumption derived from other diseases.

The cancer, then, according to this new doctrine, comes immediately after pulmonary consumption itself in its power to produce tuberculous diseases in the following generations. It is so that out of 100 families who have furnished the cases of Dr. Burdel 79 afflicted with cancer have produced, by direct and secondary inheritance, 237 tuberculous cases.—*Med. Press and Circular*.

CHILDLESS WOMEN IN NEW YORK STATE.—According to Dr. Silas Loomis, Washington, D. C. (*National Medical Journal*), twenty-four per cent. of the women of this State are childless, and nearly twenty per cent. are incompetent after bearing one child.

MEAT PRESERVED NINETEEN YEARS.—Dr. Stein (*Journal of Applied Chemistry*), while lecturing recently at Dresden on the preservation of meat and food, produced a tin canister of good size, containing butcher's meat, preserved by Appert's method, and prepared by himself in 1851. On opening the canister, which had been filled nineteen years previously, the meat was found to be as fresh and full of flavor as when it was first placed in the canister.

WOMEN AS DRUGGISTS.—A writer to the *Boston Journal of Chemistry* says: "There is no occupation for which women are better fitted by nature than that of chemist or druggist. The science of chemistry is as readily acquired in the schoolroom or laboratory by woman as man, and, as an art, requires the delicate manipulation, fine quick perceptions and mathematical accuracy in which woman excels. In the drug stores and dispensaries but little physical strength is required, and the business is remunerative." Wherever the experiment of giving instruction in analytical chemistry in public schools has been tried the results have been very satisfactory, the girls doing their work as well as the boys, manifesting the same neatness and nicety in the laboratory as in the kitchen.

CELIBACY.—Mr. Galton maintains that the European character is seriously deteriorated by the celibacy, during the dark ages, of those men and women whose offspring would have inherited from them mild, peaceable and studious dispositions, leaving the land to be stocked, generation after generation, with the offspring of parents of baser natures.

INTOXICATING LIQUORS DRANK IN THE UNITED STATES.—The quantity of fermented and distilled liquors used in the United States in one year would fill a canal four feet deep, fourteen feet wide and one hundred and twenty miles in length.

BLISTERS ABANDONED.—Dr. Peter, of Paris, has abandoned the use of blisters for counter irritation, and uses the tincture of iodine in preference.

RENAL ORIGIN OF DROPSY.—In 1761 Morgagni pointed out the renal origin of dropsy, and gave the first authentic intimation of convulsions as a sequence of kidney disease. A few years later, 1770, we have the first undoubted discovery of albumen in the urine, by Cottomnius. In 1797 Cruikshank showed the relation between coagulable urine and dropsy.

LINIMENT IN FISSURE OF THE ANUS.—Dissolve one part of tannic acid in sixteen parts of glycerine. A piece of lint dipped in this solution should be introduced night and morning into the rectum. The bowels should be kept open. By means of this preparation M. Van Holsbek, its originator, has succeeded in healing anal fissures which have resisted the division of the sphincter.—*L'Union Medicale*.

THE DISCOVERY OF THE CONVERSION OF STARCH INTO SUGAR.—In the year 1811 Kirschoff, a celebrated German chemist, discovered that it was possible to convert starch, by means of sulphuric acid, into sugar.

TEST FOR CALOMEL.—Put a little of the suspected calomel on a clean knife-blade, moisten with alcohol, and rub with a cork. Pure calomel does not attack the steel, but corrosive sublimate, or calomel contaminated with the sublimate, produces black spots.

It is stated in many of the journals of the day, medical and secular, that a society has been formed in Paris, the members of which are to bequeath their bodies for dissection, in order to the furtherance of anatomical knowledge.

MODERN SURGERY.—An illustration in the advance of surgery made in the present century may be found in the fact that the operator who first successfully tied the internal iliac artery for aneurism, Dr. Stevens, died only two years ago. Dr. S., who then lived in the West Indies, was only twenty-six years of age, in 1812, when he achieved this feat. Nine other operations of the kind, performed since, are upon record, with four successes; so that the proportion of deaths is only fifty per cent.—a singularly favorable showing for so grave a procedure.

MAIMED PENSIONERS.—The books of the U. S. Pension office show that, of the soldiers drawing pensions, 5,006 have lost one arm, 4,627 one leg, 350 both arms, 42 both legs, and 21 an arm and a leg.

ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.—The regular session of 1870-71 opened on Wednesday, 12th October. Each chair is ably represented, and the number of students in regular attendance materially larger than at any previous session. We can congratulate the friends of Eclecticism that we now have in our midst an institution in every way worthy of confidence, and established on a permanent basis.

BOOKS AND JOURNALS RECEIVED.

The Medical Times. A Semi-monthly Journal of Medical and Surgical Science.

This is the title of a new candidate for professional favor, issued by the enterprising publishing house of J. B. Lippincott & Co., Philadelphia. It comprises in its plan original lectures and communications, cases in hospital and private practice, transactions of medical and scientific societies, discussions on medical and scientific topics, etc. It embraces among its contributors the names of the most eminent medical men in the country. We have been much pleased with an examination of the first number, which has been placed on our table, and cordially recommend it to the favorable attention of our readers.

The yearly subscription is \$4.00 per annum, in advance.

The American Dispensatory. By JOHN KING, M. D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, etc. Eighth edition, revised and enlarged. Cincinnati: WILSTACH, BALDWIN & Co. 1870.

Will be noticed in next number of REVIEW.

 DIABETIC FLOUR.

Prepared Flour of Bran, for making biscuit for the the Diabetic and Dyspeptic.

JOHN W. SHEDDEN, *Pharmaceutist*,
363 Bowery, cor. 4th st., New York.

 FOR SALE.—A RARE CHANCE.

ON account of ill health, I propose to sell my entire interest and the good will of my practice in the city of Albany, where I have been located for nearly 30 years. For several years my business has amounted to from \$6,000 to \$8,000 per annum. At present the city of Albany, with a population of over 70,000, is probably increasing faster, by its new and varied manufacturing interests, than any city in the East. The last four or five years has developed a spirit of enterprise here before unknown, and it seems like the opening of a new era to the city. I know of no place, East or West, where one or two good physicians, or where a good surgeon of the Eclectic school, is more needed, or could locate with better prospect of success. There is but one Eclectic here besides myself in general practice. My patrons say, "Don't leave us without supplying some good physician to fill your place." The purchaser can have my office and stable for eighteen months, and perhaps longer, at a reasonable rent. Application should be made immediately. Terms easy. No application will be considered except for cash or satisfactory security.

A. W. RUSSELL,

OCT. 20TH, 1870.

76 Hudson Street, Albany, N. Y.

ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

DECEMBER, 1870.

No. 6.

ORIGINAL COMMUNICATIONS.

STUDY UPON A TOPIC IN DISPUTE.

BY ALEXANDER WILDER.

FOR many years the question has been agitated in social circles, public journals and conventions, whether women are the equals of men in their relations to society, and entitled alike to political power, and to occupy the same fields of labor, trust and emolument. It has been answered variously. Some assert that women are by nature subordinate; others that they are of purer qualities and instincts, and should, therefore, be preserved intact from the soiling touch of our everyday life. But others boldly affirm that if the essential nature of the sexes is alike the social and political rights of women are equal; and if not alike, then individuals of one sex are ill qualified to represent, act and legislate for the other.

Casuists have repeatedly endeavored to define the appropriate spheres of activity for men and women, classifying their respective qualities, measuring the dimensions of their heads, and quoting history. We are aware that women have not made a great figure as rulers, or in the details of statecraft. When the responsibilities of government came upon them they rejected their own sex as counsellors, and hastened to procure the aid of men. Semiramis is said to have wielded a sceptre in Babylonia; but we more than doubt whether such a queen ever existed. Deborah, the prophetess who "judged Israel," called Barak to

her assistance. Artemisia, the celebrated queen of the Carians, "the sister and wife" of Mausolus, followed the same example. Cleopatra, who was a greater and perhaps a better woman than historians have been willing to let us believe, always had statesmen for her advisers. Zenobia, of Palmyra, acted as the philosopher Longinus directed, even to the direction of her connubial life. Boadicea is more famous for having been warlike than for merit as a ruler. The Joannas of Italy, Christina of Sweden, the Empresses Anne and Elizabeth of Russia showed no special capacity to govern. Mary, Queen of Scots, was unfortunate and wicked. Elizabeth was great and wise through her ministers, but personally was worse than was believed. Catherine II. of Russia, was not greatly unlike her in the stronger points of character, but, perhaps, excelled her in real talent. Maria Theresa owed her reputation largely to Kaunitz, although she was superior to all modern women that have wielded a sceptre. Victoria and Donna Isabella II. have had no opportunity or reputation for statesmanlike ability.*

It is true that the dominion of the world, which has generally been in the hands of men, ever since history was written, has not been over-well exercised. Government, whether sacerdotal, despotic or democratic, has been administered with too little regard to justice and personal right; social institutions have often been the machinery of tyranny and degradation, and religion has been made a pander to wrong.

The common law of marriage, we are sorry to acknowledge, has afforded no sufficient exception to the general rule. It has been what the etymology of the term marriage implied—the ownership of woman by man, with no corresponding claim of a wife upon her husband. Hence, the general sentiment that a woman is mortally criminal in the matter of conjugal infidelity, while the offence of a man is venial. She is considered to have injured her husband's property in her; but being un-

* In the Autumn of 1852 a National Woman's Rights Convention was held at Syracuse, in this State. On the first morning of the session a Committee on Resolutions was appointed by Mrs. Lucretia Mott, the accomplished presiding officer. She constituted the Committee entirely of women, among them, Mrs. Elizabeth Oakes Smith, Mrs. Paulina Wright Davis and others associated with the enterprise. They retired to consult, but in a few minutes returned with a recommendation to add new members to the Committee, among them Gerrit Smith, Rev. Samuel J. May and other men. After this act of acknowledging subordination to the male intellect the Committee was able to do business. Mr. Smith prepared and reported a series of resolutions.

able to own property in her husband, he "can do no wrong" to her by marital unfaithfulness. Even women themselves appear to share more or less in this general sentiment.

It is more than probable, however, that equality of social and political condition once existed in the world. In the dialogues of Plato is found the assertion of the Egyptian priests, that, during the chiliads of years preceding the existence of historical Greece, women fought on the field of battle as soldiers by the side of men. Taliesin informs us that married women voted in the popular assemblies of Druidical Britain, and Tacitus asserts that the ancient Germans believed that there was a divine principle in women,* and accordingly consulted them before undertaking any important public matter.

Even during the period when womanly subordination was the rule, the loftiest monarchs were made to acknowledge the potency of the female sex. The story of Vashti and Esther, with all its drawbacks, is evidence of this: and we learn from the book of Judith, as well as from Xenophon's *Anabasis*, that women were entrusted with important embassies where men could not be employed as successfully. The story of the Hebrew Zorobabel, at the palace of Darius Hystaspes, is in point. Three courtiers had engaged in a trial of their sagacity. Zorobabel was one of them, and proposed as his thesis, "*Women are the Strongest.*" In his argument, as given by Josephus,† he cited the readiness with which men who had amassed great wealth yielded it for the love of woman. "Even," said he, "do we forsake father and mother, and the land from which we derive our maintenance; and we frequently abandon our dearest friends for the sake of women: nay, we are so reckless as to lay down our lives for them. We put forth energy and endure much anxiety, both by land and sea, and having acquired wealth of our labors, we bring it all to the women as to our owners, and bestow it upon them. Aye, I once saw the king, who is lord

* It is not wholly out of place to mention in this connection that very ancient mythologies ascribed supreme divinity to the female principle. The "Queen of Heaven" had no masculine equal or superior. The temple of Isis at Sais, in Egypt, bore the inscription on its walls: "I, Isis, am the all that was and will be, and my peplum no mortal hath ever removed." The divinity was worshipped under innumerable names, from Britain and Gaul to Tartary and Bengal, and we do not undertake to say how much farther. Ceres or Demeter, Artemis or Diana, Anna, Cybele, the Dea Syria, the Bona Dea, Mylitta, Astarte, Aphrodite or Venus, Parvati and Bhavani are her appellations.

† Antiquities, Book xi., Chap. 3, § 5.

of so many peoples, struck violently in the face by his concubine Apame, the daughter of Rabaces Thamasius. She pulled the crown from off his head and placed it on her own; he bore all patiently; when she smiled, he also smiled, and when she was angry he was sad and downcast; according to the change of her emotions he humored his wife, and he drew her to reconciliation with him by the humiliation of himself when at any time he saw that she was displeased with him."

It is a problem for this century to determine whether, with the exigencies of an advancing civilization, it is desirable or necessary for women to participate in the affairs of society, government and religion. History and logic will not solve it for us; we must submit it to experience to determine. If we have not precedents we can create them for ourselves.

In the territory of Wyoming, the right to vote, hold office and sit on juries has been accorded to women, either as a joke or as an experiment, and as yet we have perceived no valid reason for objection to the result. They have displayed as much good sense and capacity as the men of that territory, and as much real fitness for exercising political franchises.

We attach less significance than many to the proposition that largeness of brain is a test of excellence. Few persons of bulky heads have ever been celebrated as leaders of men. Daniel Webster himself can hardly be said to have possessed such a superiority. Even great-brained Socrates has left us but a name and the Platonic philosophy; while men with smaller crania, *more like women in their composition*, have generally been more successful in impressing themselves and their ideas upon the age in which they lived. "The child that takes after the mother" generally displays most of what is called genius. Wilkie Collins says:

"However persistently the epicene theorists of modern times may deny it, it is nevertheless a truth, plainly visible in the whole past history of the sexes, that the natural condition of a woman is to find her master in man. Look in the face of any woman who is in no direct way dependent on a man; and as certainly as you see the sun in a cloudless sky you see a woman who is not happy. The want of a master is their unknown

want; the possession of a master is—unconsciously to themselves—the only possible completion of their lives. In ninety-nine cases out of a hundred this one primitive instinct is at the bottom of the otherwise inexplicable sacrifice when we see a woman, of her own free will, throw herself away upon a man who is unworthy of her.—*Man and Wife*, chapter xxxi.

This assertion is no more true of woman than it is of man. There is an instinct everywhere in human nature leading each individual in quest of a superior. It impels the child to yield subordination to the parent, the servant to the employer, the citizen to the magistrate, man to the Supreme Being. Mr. Collins has, therefore, only drawn into special pleading a universal truth. Happily, "the former things pass away," and we may regard the field from a better point of observation. It is the truest wisdom to build less on these old hypotheses, and to consider men and women as they are essentially, and what, therefore, they should do in the great world of active life.

It devolves upon us of the now-time, one and all, to take hold of life as we find it, make of it what best we can, and leave all things better because we have lived. Let every individual do just what he or she is most fit and able to do. Work and food have no sex; women must eat as well as men, and, therefore, have the same right and necessity to work. Their wants and capacity are the supreme law. What any person is able to do well, that same person, whether man or woman, has a right to do it against the whole world.

Emanuel Swedenborg classified mankind, as to their interior nature, into spiritual and celestial: The spiritual man expressed wisdom and intellectual qualities; the spiritual woman by correspondence expressed love. But the celestial world being interior to the spiritual, these appearances were there reversed—man, as to the inner soul, expressing the principle of love, and woman the principles of wisdom and truth. This hypothesis would seem to explain, to those capable of apprehending it intelligently, the apparent contradictions of everyday life, by the fact that individuals are in different stages of development.

But we must confess that we are disposed to qualify materially the popular idea that, as a universal rule, the masculine nature is

relatively cold and disposed to ratiocinating, and the feminine correspondingly warm and affectional.

It may sound like rank heresy, but we cannot help it. We do not believe that woman is in any essential particular purer or better than man. She has affections, thoughts, passions and motives, akin and analogous to his, for she partakes of the same humanity. We are aware that women are said to be more religious, thronging the Roman Catholic churches and outnumbering the men in most Protestant congregations. But such devotion is commonest in maturer life, when the career of youth has closed and other incentives do not exist to stimulate the thoughts. "Wanton kittens may make sober cats."

Again, in the matter of love—the affection of man and woman for each other, the sentiment of the soul as distinguished from the propensity which is purely corporeal—which of the two is usually the more self-forgetting; which considers first the "speech of people," the wisdom and the prudential features which should be regarded in forming a connubial alliance? We apprehend that a close analysis would prove the man to be the more yielding to the dominion of love, and the woman the more exacting. A man in love is soon detected, and more readily exhibits what is usually denominated "weakness." Women seem to be instinctively devoid of frankness, prone to disguise their real sentiments, and inclined to untruthfulness. This would hardly seem to be the case if affection was really their characteristic. But much that is termed "modesty" is little else than histrionic deception. We do not say that nature inspires all this, for perhaps it is only faulty education.

In the matter of friendship women do not appear to advantage. The attachments of women for each other are generally short-lived and easily ruptured. We do not recal to memory any instance of a relation between two women like that existing between Damon and Pythias*. We notice with men a readiness to pass over lightly the offences which love has incited; while women, in like cases, persecute each other with the fury of animals toward injured ones of their own kind—vindictively,

* But there is a story equally to their credit. We allude to the controversy of the two women before King Solomon, in which one litigant eagerly offered to surrender the possession of her child rather than suffer it to be slain.

and almost without mercy or extenuation. We do not deny exceptions to this, but they are sadly uncommon. Jesus of Nazareth permitted "a woman that was a sinner" to caress him; he accepted the affection and kind offices of Mary Magdalen, and refused to condemn the woman taken in adultery; but what woman would have been thus gentle and tender? Is woman's inhumanity to woman always to exist, or will there yet be uttered an evangel to women also of the "more excellent way?"

In physiology and the interior soul sex is the inmost principle. Man will be perpetually masculine and woman feminine in all modes, forms and functions of existence. From this basal fact, society and government emanate, and all institutions not thus founded are as houses built upon the sand. It is not a merit for any one even to attempt to act outside of his or her own nature, but perfection is to be sought within its scope. A woman may of right procure esteem for goodness, amiability, attractiveness, and a host of other endowments, and a man is entitled to honor for his manliness. Neither is intrinsically better than the other, except as made so by usefulness and goodness.

We have no apprehension that women will unsex themselves. Any law or custom invented to prevent such a terrible revolution would involve the absurdity which Daniel Webster characterized as an endeavor to "reënact the laws of God." (We may securely rest in the belief that, whatever powers and franchises society and legislation may confer, nature and instinct will teach every woman her proper place.)

Women should not be paid less, nor their imperfect performance excused, because they are women; but let them have a cordial welcome into every useful vocation which they may aspire to enter. Certainly we would not tie them up to house-keeping and cooking, when such a numerous multitude of them seem to be totally disqualified, as our wretchedly kept houses and execrably prepared food afford too abundant evidence. The evil punishes itself; our population are succumbing to the diseases which bad digestion engenders.

For many forms of professional life women appear to be well adapted. As physicians, we cordially accord to them the same distinction as to men of equal ability. Let them preach and

prophecy if they are so disposed, and we shall prize their vaticinations at what we regard as being the intrinsic value. If they can cope with the deceptive sinuosities of the law, we are heartily willing. They may also mount the editorial tripod if they feel competent, only remembering that it is an "ower true" remark that every fool believes that he can edit a newspaper, and that a great many fools are actually so employed.

The mercantile field, banking, brokerage and kindred undertakings appear to us less suitable, yet we would not deter women from them who may have the proper taste and aptitude. If they are willing even to perform laborious work let them do it. Women are porters in the Crimean country, and carry heavier loads than the men can; in Germany and Pennsylvania they will beat the men at field-work, and require fewer days for leisure and recreation. Why should they not do it and be respected for it? We can afford to trust them in this matter. They will be women none the less for being kings, kaisers, presidents, magistrates, teachers, physicians, farmers, merchants, mechanics or stonecutters. It is wisest to throw off every restriction to their enterprise and industry, and open every department of labor as wide as heaven itself. There is no good ground for apprehension that they will injure men by their competition. Somehow women and men will find a thousand ways of consociation, and thereby become more perceptive, more capable, more useful, truer, purer, better, happier.

Nature and instinct will be sufficient to direct every choice and obviate every risk. We can invent no substitute, whether in law or custom, that will work any better; besides laws and customs change, while humanity is permanent, even in its foibles and primitive characteristics. Instinct in human nature is the beginning of what is omniscience in God. It may be thwarted, suppressed, perverted, but after all it is the impulse in every one to act and think aright. In the matters of which we have treated it is the safest guide. Our faith in human beings is the truest exponent of our faith in God.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

ABSTRACT OF THE PROCEEDINGS.

IN accordance with the previous notice issued by the principal State eclectic medical societies, the physicians of that school of practice from the various States assembled in Chicago, on Tuesday, September 27th, 1870, in a National Medical Convention. The session lasted three days.

The Convention met on Tuesday morning, at ten o'clock, in the Crosby Music Hall. A large number of physicians were present, representing all the prominent States of the Union. Prof. H. D. Garrison, of Chicago, called to order, and prayer was offered by Dr. W. H. Kendrick, of Indiana.

ORDER OF EXERCISES.

Prof. H. D. Garrison, Chairman of the Executive Committee, submitted the following order of exercises:

TUESDAY, SEPTEMBER 27TH.

1. Morning Session, from.....9 A. M. to 1 P. M.
2. Visit to Academy of Sciences.....3½ P. M.
3. Visit to Douglas Observatory (by special invitation).....6 P. M.

WEDNESDAY, SEPTEMBER 28TH.

1. Morning Session, from.....9 A. M. to 1 P. M.
2. Afternoon Session, from.....2 to 4 P. M.
3. Visit to Art Gallery (by special invitation).....4 to 7 P. M.
4. Popular Address.....8 P. M.

THURSDAY, SEPTEMBER 29TH.

1. Morning Session.....9 A. M.
Adjournment at.....1 P. M.
2. Lake Excursion.....3 P. M.
3. Social Reunion.....8 P. M.

N. B.—Music in attendance on Excursion and Reunion.

Prof. R. S. Newton, of New York, was elected Chairman of the Convention, *pro tem.*; Dr. G. W. Pickrill, of Indiana, and Dr. J. W. Johnson, of Connecticut, being chosen as temporary Secretary and assistant temporary Secretary.

COMMITTEE ON CREDENTIALS.

A Committee on Credentials, consisting of the following named persons was then appointed: Drs. J. R. Duncan, of Iowa;

W. H. Davis, of Illinois; A. F. Elliot, of Minnesota; W. H. Kendrick, of Indiana; E. M. Shaw, of Michigan; J. W. Johnson, of Connecticut; H. E. Firth, of New York; O. E. Newton, of Ohio; E. W. Stevens, of Wisconsin.

COMMITTEE ON PERMANENT ORGANIZATION.

On motion, the following were appointed a Committee on Permanent Organization: Drs. B. J. Stow, of New York; R. A. Gunn, of Illinois; J. M. Youart, of Indiana; M. S. Bronson, of Pennsylvania; S. H. Potter, of Ohio; R. A. Beach, of Michigan; E. Snell, of Minnesota; M. R. Teegardin, of Wisconsin; Wm. Molesworth, of Iowa; H. J. Fisk, of Connecticut.

Prof. R. S. Newton, the Chairman *pro tem.*, then made the following opening address:

GENTLEMEN—I am glad of the opportunity of meeting with you to-day. We have assembled here for the purpose of organizing a National Association. I am glad to see so many States represented. There never was a time in the history of Reformed Medicine when it was more important to perfect this organization than at present. There never was a period in its history when it required more energy, more determination, and greater fixedness of purpose. There are many persons connected with the different branches of the profession who are looking upon us, hoping that our success may not be accomplished. We have some in our own ranks that have failed to meet with us—fearing that we were not strong enough to accomplish the object in view. These are unwilling to act, for the want of decision of character and strength of mind to meet opposition or labor for success.

Let nothing arise in this Convention for discussions which will lead to discord under any circumstances. Let nothing but harmony and peace prevail here. If this principle is adopted and acted upon success will crown this effort. There are many here who have labored long and hard for its success. They are not tired yet, nor are they disposed to give up the effort. I agree to join hands with you to-day in carrying on this work for the perfection of this organization, in the establishment of American eclecticism in medicine upon a basis that nothing can destroy either its effect or its reputation.

While the Committee on Credentials were engaged the Convention resolved itself into a Committee of the Whole.

Prof. Garrison, of Chicago, stated that eclecticism was flourishing in Chicago at the present time; the past or early history of the new school of practice was not like this. The cause was started here under great difficulties. He well remembered the first meeting of eclectic physicians here, when but few were present. But the matter of eclecticism was talked over, and hope was expressed for the future. Then the members of the new school were almost ashamed of confessing their connection with it; but none need be ashamed of it now, at least not in this city. They hoped in the future to go on and preserve their name in honor. He felt that above all things a national organization was needed—a national organization which would represent over 10,000 eclectic physicians—an organization that would give the new school a power that nothing else would. As yet, there had been no definite organization of the members of the new school. There were small societies scattered over the States, but for many years there had been no central organization.

Other speeches followed of a similar character.

The Committee on Credentials reported progress.

Dr. G. W. Pickrill, of Indiana, moved that all eclectic physicians now present immediately report themselves to the Committee on Credentials for membership in the organization.

After considerable discussion as to whether only those delegates sent by societies should receive their credentials, or whether credentials should be given to all physicians present who were in good standing, it was finally decided that the latter should be the rule to guide the Committee on Credentials.

The resolution of Dr. Pickrill was then adopted.

ANNUAL OFFICERS.

The Committee on Permanent Organization reported the following: For—

President.—J. W. Johnson, M. D., of Connecticut.

Vice-Presidents.—S. H. Potter, M. D., of Ohio; J. S. Cowdrey, M. D., of Indiana; W. Molesworth, M. D., of Iowa.

Recording Secretary.—R. A. Gunn, M. D., of Illinois.

Assistant Secretary.—J. E. Hurlburt, M. D., of Illinois.

Corresponding Secretary.—J. M. Comins, M. D., of New York.

Treasurer.—B. J. Stow, M. D., of New York.

The report of the Committee was unanimously adopted.

The President, having been conducted to the Chair by the temporary Chairman, spoke as follows :

GENTLEMEN OF THE CONVENTION—I do not propose at this late hour in the day to occupy your attention any length of time. Indeed, if I were disposed to do so, I feel myself too much overpowered by this expression of your confidence and the high honor which you have conferred upon me in electing me to preside over your organization as its chief permanent officer. I will therefore simply thank you kindly for thus electing me to preside over your Association for the coming year.

On motion of Dr. Duncan, the following named persons were appointed a Committee on Constitution, By-laws and Code of Ethics : Drs. Robert S. Newton, of New York ; H. D. Garrison, of Chicago ; S. H. Potter, of Ohio ; H. W. Kendrick, of Indiana, and J. R. Duncan, of Iowa.

The Convention then adjourned, to meet again at nine o'clock Wednesday morning.

SECOND DAY'S PROCEEDINGS.

Morning Session, Wednesday, September 28th.

The Convention was called to order at nine o'clock, by the President, J. W. Johnson, who returned thanks for his election, and made the following brief inaugural address :

GENTLEMEN OF THE CONVENTION—I stated yesterday what I wish to reiterate to-day, that, for the unexpected and, I may say, unsolicited honor which you were pleased to confer upon me, in selecting me to preside over the deliberations of this National Convention of Eclectic Physicians, I feel profoundly grateful. It is needless for me to state before this intelligent audience that the success of this movement at this time is of

momentous importance to the cause of liberal medicine. The necessity of individual and concerted action on the part of not only the members of this Convention, but also of every friend of the cause which we advocate, and which we believe to be for the great good of afflicted and suffering humanity, will also, I trust, suggest itself to every believer and advocate of the American practice of liberal medicine. The rapid strides which our cherished system has made in the past few decades has astonished its advocates, and won the admiration of the world. I might state of the progress in different sections of the east, west, north and south, that there has been a general dissemination of the principles of Eclecticism. No geographical lines have limited or circumscribed its growth, but its diffusion has been general, till more than ten thousand physicians are to-day engaged in a remunerative and successful practice under the broad banner of Eclecticism. In conclusion, let me enjoin upon all, and upon you in particular, to see to it that no sectional influence, no rivalry or jealousy shall exist, unless it be a rivalry to see who can excel in the great work of fully establishing and perpetuating this national organization which has been started under such favorable auspices. Let us try to emulate one another in pushing forward the cause of medical reform, until the broad principles of eclectic medicine shall drive all medical bigotry and exclusiveness from the land.

The minutes of the first day's session were then read and approved.

A vacancy having been created in the Committee on Credentials, Dr. S. B. Munn, of Connecticut, was appointed to fill the vacancy by the chair.

Dr. Molesworth, of Iowa, being called upon, made a few remarks.

The Committee on Credentials made a further report, stating that, since the previous report of the Committee, credentials had been given to thirteen additional physicians.

AN INVITATION.

On motion of Dr. J. M. Comins, of New York, the public was invited to be present this evening to listen to the address by Dr. Robert S. Newton, and an original poem by Dr. Usher.

CREDENTIAL COMMITTEE.

The Committee on Credentials made an additional report as to the eligibility of certain persons who had heretofore not been reported.

ADDRESS, CONSTITUTION AND BY-LAWS.

The Committee on Constitution and By-laws, through Professor Newton, their chairman, reported resolutions, with a constitution and by-laws. He prefaced the reading of the report by saying that there was some doubt as to whether this Convention was or was not a continuation of the National Eclectic Association formed in 1848. He gave a history of that association, and said it was the opinion of the Committee it would be well to adopt the old constitution and by-laws, with certain alterations which would suggest themselves. He then proceeded to read the address, constitution and by-laws. After the reading a motion was made and carried to adopt the address by paragraphs. The reading and discussion of the resolutions occupied some time. They are as follows:

Resolved, That we regard it as one of the most important duties of the medical profession to investigate truth from whatever source it may come, and in every proper mode to encourage the fullest and freest investigation by all.

Resolved, That we regard all combinations to proscribe and degrade any portion of the medical profession, merely on account of a difference of opinion in matters of science, as a grave offence against the true interests of the medical profession, against the welfare of the community, and against the common rights of man.

Resolved, That it is incumbent upon all medical reformers to regard all members of the profession in a spirit of liberality and courtesy, to abstain from personal and disparaging remarks in reference to differences of doctrine, and to cultivate those amicable relations which admit of coöperation in the pursuit of truth.

Resolved, That the great struggle of the present day in medical science is between the spirit of freedom on the one hand, which is looking boldly for truth in science, and the spirit of conservative despotism on the other, which aims to perpetuate opinions by the force of organized combinations, and to discountenance or suppress every attempt at reform, whatever may be its merits or its source.

The first article of the constitution, providing for the name of the organization, is as follows :

This Society shall be known by the name of the National Eclectic Medical Association.

The report, after a few minor alterations, was approved, and the constitution and by-laws reported were adopted by the Convention.

COMMITTEES.

The following Committee was, on motion, appointed to report a Code of Ethics for Eclectic Physicians: H. D. Garrison, of Illinois; R. S. Newton, of New York; S. H. Potter, of Ohio; G. W. Pickrill, of Indiana; C. E. Witham, of Iowa; J. M. Harding, of Pennsylvania; H. I. Fisk, of Connecticut.

The following Committee was appointed to recommend a place for the next meeting of the Association: Drs. A. L. Clark, of Illinois; O. E. Newton, of Ohio; J. M. Garnart, of Indiana; J. M. Comins, of New York; L. D. Ford, of Michigan.

Dr. R. S. Newton, of New York, moved that a certificate of membership, signed by the President and Secretary, be furnished to each member of the Association. Passed.

MEMBERSHIP.

One of the conditions which constitutes membership is the signing of the Constitution and paying an initiation fee of five dollars.

REPRESENTATION.

Each State Eclectic Medical Society shall be entitled to twenty regular delegates and twenty alternates, who shall cast twenty votes on the election of officers and the selection of the place of holding the annual meeting. On all other questions every delegate has a vote.

STATES NOT HAVING SOCIETIES.

Another provision covering the above condition provides that where no State society exists, or where organized societies fail to appoint delegates to any meeting of this Association, a number equal to twenty regular and twenty alternate physicians can so represent that State. They, in their delegated capacity, must, of themselves, determine who are the twenty regular and

twenty alternates who are to vote, according to the same rules laid down for the government of delegates appointed by State societies.

The Convention adjourned at one P. M., to meet again at two.

AFTERNOON SESSION.

The Convention met at two o'clock, President Johnson in the chair.

Dr. S. B. Munn, of Conn., presented to the Convention a valuable pathological specimen, consisting of large hydatids, which had been vomited by a man who had been complaining for many months with severe derangement of the stomach. Many points connected with this form of disease were discussed by several gentlemen of the Convention.

PLACE OF HOLDING THE NEXT ANNUAL MEETING.

The Committee, through their Chairman, Dr. A. L. Clark, reported the following:

Resolved, That the next annual meeting of this Association be held in the city of New York, on the first Wednesday of October, 1871.

The report and recommendation were unanimously adopted.

PUBLISHING COMMITTEE.

Dr. Robert S. Newton offered the following resolution, which was adopted:

Resolved, That a committee of three be appointed as a Publishing Committee, to act in concert with the Executive Committee of this Association, with power to collate and edit such parts of proceedings of and the papers read at the meetings of the National Eclectic Medical Association held from 1848 to 1856, and that these, with the entire proceedings of and the papers read or submitted at this annual session, be published as soon as the matter can be prepared.

On motion, the following committee was appointed: Drs. Robert S. Newton, Alexander Wilder and Milton Jay.

AMERICAN ECLECTIC MEDICAL PHARMACOPŒIA.

Prof. Newton, of New York, offered the following resolutions, which were adopted:

Resolved, That the President appoint a Committee to prepare and report at our next annual meeting a National Eclectic Medical Pharmacopœia.

Resolved, That this Association authorize the Secretary to copy-right the following title-page of this pharmacopœia, that it may have and own this as a trademark: "The American Eclectic Pharmacopœia, authorized by the National Eclectic Medical Association, Chicago, Ill., 1870."

Several papers were then received by the Association and referred to the Publishing Committee, among which was one by Dr. Alexander Wilder, of New York.

ECLECTICISM IN BROOKLYN.

H. E. Firth, M. D., of Brooklyn, N. Y., read a long report on the history and condition of the eclectic practice in that city.

The Convention then adjourned, to meet at eight o'clock, to hear the popular address by Dr. Robert S. Newton and the reading of a poem, entitled the "Doctor's Dream," by Dr. Usher.

EVENING SESSION.

WEDNESDAY.

The evening session being devoted to purely literary subjects, and an invitation to the public having been extended, the hall was comfortably filled. The first exercise was a poem by Dr. Usher, of Aurora, Ill., entitled "The Doctor's Dream." The hero is a physician, who is put to sleep through much gormandizing; and while in this state he holds a conversation with old Esculapius as to the merits of the different schools of medicine, the result of which is a decision by the physicians' god in favor of the Eclectics.

PROFESSOR NEWTON'S ADDRESS.

Professor R. S. Newton, of New York, then addressed the audience on the vocation of the physician. He held that the doctor was preëminently a subject of circumstances; and the man who entered the profession, under the notion that it was an easy road to fame and fortune, would soon discover himself in grievous error. He would wake from a pleasant dream to a cold and cheerless reality, as the practitioner was awakened at

every hour of the cold night to attend upon the suffering. Speaking of the different schools of practice, he remarked that simple denunciation of others would not pass muster. The cry of empiricism or quackery has lost its force. It matters very little how men cured, so long as they cure. The fight is among the doctors. The people, if left to themselves, soon discover the true from the false. He was thankful because all schools are equal before the law. The old school politicians have no cause to complain if they are overturned some fine day. They had begun the fight. They now should not grumble if the compliment was returned. It was but a short time ago when fever patients were parched to death. If a drink of water could have saved them, it was withheld, because it was prohibited by the books. It was but a little while ago that weak men were made still weaker by bleeding. Now intelligent physicians would gladly add to the quantity of blood. Calomel, arsenic, and the other poisons, would soon go with parching and blood-letting. These reforms had not been brought about by those who call themselves the "regulars," but by those whom they calumniously termed empirics and quacks. Calomel had been set up as a cardinal remedy in pneumonia, and every third patient went by the board; under tartar emetic, every fourth died. Then Dr. Bennett tried simply cold water, and plenty of healthy food and fresh air, and he lost but one out of twenty-seven, and now he was prepared to say that good eclectics did not lose above one in a hundred. The speaker then referred to some remarkable prescriptions administered to Presidents Washington and Harrison during their last illness, and expressed his conscientious belief that both were murdered as surely as was President Lincoln. They were sacrificed that "regularity" might succeed. He closed with an appeal to the eclectics to be true to their principles, and to seek but the truth, and accept it, no matter when or where found. He did not deny but there was truth to a certain degree, in all the schools, and it was for the eclectics to extract it, and combine it into one practice.

THIRD DAY'S PROCEEDINGS.

THURSDAY, *September 29th.*

MEDICAL LITERATURE.

After the report of several committees, relating to unimportant matters, Dr. Potter, of Ohio, offered the following :

Resolved, That this Association appreciates the meritorious labors of the authors of our eclectic medical books, already published, and also the self-sacrificing and laudable exertions of the editors and publishers of our medical periodicals, and feel grateful to both classes of these worthy pioneers in medical reform.

Resolved, That while we accord our grateful acknowledgments for the same, we most respectfully suggest, and earnestly insist, that greater care be exercised in compiling standard works in the future, and a nicer discrimination be made in the original and selected matter of our periodical literature.

Dr. Comins, of New York, paid a high eulogy to the standing and periodical literature of the profession. He was followed in a similar vein by Dr. Molesworth, of Iowa, and Dr. Gunn, of Illinois, editor of the *Chicago Medical Times*, and others. All urged upon their brethren the necessity of heartily supporting the periodical literature of eclecticism, and assisting by contribution to extend the principles of the school, not only among physicians, but the people all over the land.

These resolutions were unanimously adopted.

Dr. Vandewalker offered a resolution condemning the practice of druggists of selling morphia and similar drugs indiscriminately, but no action was taken on the matter.

Dr. Vandewalker also offered a resolution that the profession continue to recognize female physicians ; and the resolution was adopted.

A code of ethics was reported by Dr. R. S. Newton, the Chairman of the Committee on Ethics, and was adopted. The report called for the highest moral rectitude on the part of the practitioner, and insisted that no one should be recognized in the profession unless he be a graduate of a college, or had studied his profession and fully prepared himself to practice medicine.

Dr. Stevens, of Wisconsin, offered the following resolution, which was adopted :

Resolved, By the National Eclectic Association, that the following sentence of Latin be adopted as expressive of the basis of eclectic practice, viz.: *Vires vitales sustiner* (sustain vital force).

A resolution was offered by Dr. Newton and adopted, authorizing the Executive Committee to fill all the Standing Committees required by the Constitution.

THANKS.

Formal resolutions were passed thanking the several railroads which returned the delegates at one fifth fare; thanking the local eclectics for their courtesies and hospitality; extending thanks to the public press of the city for their correct reports, also, to G. T. Shaw, of the *Medical Times*, for his services on the Reception Committee, etc.

The Chairman returned his thanks for the honor which had been shown him in his election to the chair, and the indulgence which had been accorded him while presiding. The future of eclectic medicine he regarded as secure. He spoke of the hospitality with which the delegates had been received in Chicago.

The Secretary, Dr. Gunn, made some remarks, returning thanks, etc.

The Convention then adjourned.

LAKE EXCURSION.

In the afternoon the members of the Convention and their ladies participated in a lake excursion to the Crib and Hyde Park. The excursion was given by the eclectic physicians of Chicago, and was a very pleasant affair, with the single exception of the fact that it was characterized by more "sea sickness" than usually attends a voyage across the Atlantic.

REUNION AT CROSBY'S MUSIC HALL—BANQUET AT THE ST. JAMES HOTEL.

The eclectics of Chicago gave the visiting delegates a reunion at Crosby's Music Hall and a banquet at the St. James Hotel. The arrangements were complete, the music by Nevans & Dean's Band capital, and the supper superb.

Some two hundred ladies and gentlemen kept up the dance until about half past ten o'clock, when they adjourned to the St. James Hotel, where a fine supper was discussed.

At the close of the repast, Prof. R. A. Gunn, of Chicago, on behalf of the Illinois eclectics, welcomed the delegates and guests in a neat speech. The Convention had been a complete success, and he was not only glad to see such a large delegation present, but he was proud to see so many citizens of Chicago at the banqueting board, who had come forward, and by their presence and attentions had aided in showing proper respect to their visitors. A few years ago the West had only a few eclectics; now they are numbered by thousands.

Prof. Johnson, of Connecticut, the President of the Association, responded in fitting terms. The delegates were highly gratified with the hospitality extended to them. As much as he loved his native State he was loth to leave Chicago; he was enamored of her growing greatness, and was more than astonished at her rapid strides in many respects. He was from the "Nutmeg" State, which would hardly make a respectable door-yard for Illinois. The gentleman closed by saying a word in favor of the Chicago press.

Prof. Robert S. Newton, of New York, was the next speaker. He spoke at length of the progress of eclecticism. He thought he had never been in any place where there was so much elegance, so much beauty and so much grandeur to the acre as in Chicago, and he did not believe there was such another place on the continent. When this Convention was talked of it was urged that New York was the place to hold it, as its press would do wonders for the enterprise; but he would ask any delegate what more could be done for them than the Chicago press had done? Nothing was left undone, and he thanked the press for the courtesies extended.

Dr. Kendrick, of Indianapolis, and others, made happy speeches.

Returning to the hall the dancing continued until a late hour.

GONORRHŒA AND GLEET.

BY C. D. R. KIRK, M. D.

(Continued.)

IF in the acute stage gonorrhœa is treated as I have indicated, gleet, the chronic form of the ailment, will not occur. All treatment that excludes depuration as a basis must result in some complication or form, of which gleet is the most common, and always more or less annoying to the patient and surgeon. It has no disposition towards a spontaneous cure, and therefore we cannot treat the patient for the relief of certain symptoms and take it for granted that a cure will follow. As long as any local symptoms remain a cautious, firm, but mild treatment must be continued, especially that part the object of which is to control the appetite.

When I am called to treat a recent case of gleet—a case of a few weeks or months' standing—in which has been tried the old balsam or nitre treatment, with little if any benefit, I generally advise the use of alteratives and tonics, the various auxiliaries, and a statement of the true nature of the disease, in regard to its danger and the troublesome impressions it so soon makes upon the mind. As an alterative and tonic the following will generally act well :

R. Com. Syrup of Stillingia..... ʒiv.
Tincture of Hydrastis,

M. et S. Tincture of Menispermum..... aa. ʒij.

A teaspoonful four times a day, with alkaline bath at night, and mild injections thrown up to the prostate gland, and occasionally through it into the bladder, with a glass male syringe attached to a silver male catheter, or the syringe Essex, recommended while treating of gonorrhœa. Hydrastin, zinc and morphia in the following proportions will be attended with good results :

R. Sulphurate of Hydrastin..... grs. vi.
Sulphate of Zinc.,
Sulphate of Morphia..... aa., grs., ss.

M. et S. Warm Water..... ʒij.

Inject about a drachm two or three times a day, having first anointed the syringe well with sweet oil.

These constitute an efficient course of treatment for recent cases; but we are frequently called upon to treat cases of long standing, in which ophthalmia, rheumatism, dyspepsia and hypochondria, with symptoms of divers disorders, which are so prominent that we can with difficulty tell which is the disease; however, the most prominent symptoms are great debility of the mind and body, as are shown by muscular weakness and great despondency.

We need not say anything more than to advise that our opinion in a hopeful manner be given, and to assure the patient that firmness on his part is an important point of a successful treatment. We will soon learn that he has been treated by others, often empirically, and well shorn of his strength and money, and his confidence in medicine. "A little said and something done" will restore confidence more rapidly than any assurance on our part; it will, however, be most to the surgeon's interest to intimate that a fee is not all that we are seeking, and without a cure our medicine is worth but little; it is very much against human nature to fee heavily when it is obvious that nothing is gained. As an alterative and tonic the following will be found equal if not superior to any:

	R. Podophyllum.....	℥ ii.
	Menispermum,	
	Alnus rubra,	
	Hydrastis.....	aa., ℥ vi.
M.	Euonymus.....	℥ iij.

Boil in five quarts of water for two hours, or until the strength is obtained, keeping up the measure by adding boiling water; then strain and boil to two quarts and a half, and add a third of the quantity of good whiskey; or it may be formed into a syrup by adding the proper quantity of crushed sugar.

	R. Of the above.....	℥ viij.
	Sim. Tinc. Phytolacca Decan.,	
M. et S.	Sim. Tinc. Chionanthus Virg..	aa., ℥ iij.

The dose is about a tablespoonful three times a day, alternated with the syrup of iodide of iron, from fifteen to forty drops at a dose, beginning at the former and increasing to the latter. The injection, as was recommended while treating of acute gonor-

rhœa, should be used three or four times a day, throwing it above the diseased surface—which, if not in the bladder, may be ascertained by introducing the pipe or nozzle of the Essex syringe.

Those cases of long standing are often more tedious to cure by a peculiar condition of the body, in which a discharge of real semen takes place nearly every night during sleep, the patient dreaming of sexual intercourse. This may be treated simultaneously with the urethral disease; it must be obviated or a cure cannot be accomplished. The patient, therefore, should sleep on a hard bed and hard small pillow, never lying on his back; eat light suppers of easily digested and unstimulating diet, avoiding coffee, whiskey, &c., and apply a cold douche to the back of the head once or twice a day.

There is also some soreness on pressure in the perineum in nearly every patient; especially is this the case if there are nocturnal dreams of the above nature, and for the treatment of which most physicians fly at once to counter-irritation in some form or other, applied over the internal irritation of the urethra. In some cases this may answer a very good purpose, but my experience does not confirm it. I would administer something to quiet the nervous system locally, if such is possible. This seems to me more reasonable than to change internal to external irritation and control it with an irritant—especially if the passions are connected with the cause of irritation. To relieve the irritation, or rather irritability of the urethra, prostate gland and neck of the bladder, apply the following on a piece of sponge about the size of a hulled walnut, with a T bandage to the perineum, at bed-time every night:

R.	Sim. Tincture of Gelseminum.....	℥ i.
	Sim. Tincture of Nux Vomica.....	℥ i.
	Sulphate of Morphia.....	gr. ij.
	Chloroform.....	℥ ss.
M. et S.	Water.....	℥ iij.

Apply about a teaspoonful, more or less, as it seems indicated, having the bandage broad and secured to the sponge, so as to press the sponge tightly up against the scrotum, and passing on either side of the scrotum, so as to form a support to the weakened parts.

Some cases of long standing have a great many symptoms of spermatorrhœa—and, indeed, they only lack some specific constituents of the urethral discharge; these have a variety of gloomy forebodings and violent outbursts of passion. For this latter condition the bromide of potassium and ammonium have been recommended (but I know not why myself) for their mere alterative qualities, which, in the above class of cases are not well indicated; it is true, they will quiet excessive nervous action, but have little power, if any, in removing the cause of excess; however, they may have many advocates, especially among “regular physicians.”

The tincture of staphysagria will be found equal if not superior to any other remedy; it may be given alone or combined with simple tonics, or alternated with the syrup of iodide of iron. The following acts well:

R.	Conc. Tincture of Staphysagria.	3 ij.
	Sim. Tincture Hemulus Lupulus.	3 v.
M. et S.	Sim. Syrup.....	3 iv.

Dose, a teaspoonful three times a day; the last dose at bedtime.

A change of air, water and country is often beneficial, especially if there are hypochondriac symptoms, that seem to prevent other treatment from curing or acting beneficially.

FERN SPRINGS, MISS.

INTESTINAL WORMS.

BY J. A. MONK, M. D.

OF worms that infest the intestinal tract quite a variety have been noticed by writers. It is my object at this time to speak only of two kinds, which are the most frequently met with in general practice. These are the *ascaris lumbricoides* and *oxyuris vermicularis*. Both of these species are gregarious in their habits and very prolific. In adult life these worms do not usually inhabit the alimentary canal in sufficient numbers to create much disturbance; but in infantile and adolescent life their presence is a frequent occurrence. At this age the condi-

tions seem more favorable for their rapid propagation and growth than in subsequent life.

The existence of worms in the intestines does not necessarily, if at all, imply danger to the patient; but they are frequently the source of much annoyance, producing symptoms which are seemingly indicative of serious lesions, frequently creating great anxiety on the part of fond mammas for their dear little ones. The symptoms of the long or stomach worm are varied. The appetite is usually capricious, being sometimes poor and at other times voracious. The bowels are irregular—constipation alternating with diarrhœa.

No chill, in all probability, will be noticed, but there will be irregular exacerbations, succeeded by periods of pyrexia. The little patient is fretful and dissatisfied with all the kind attention it may receive.

The more *specific* symptoms are a constant picking at the nose, not from any noticeable local cause, but is solely dependent upon sympathetic nervous influence. About the mouth there is perceptible an unnatural whiteness, which can be observed most distinctly during the pyrexial stage. The sleep is broken, with sudden starts and poignant cries; gritting the teeth is a common symptom. The positive evidence of worms is their presence in the *fæces*. The *treatment* which I have found the most effectual, as well as pleasant, is the internal use of *santonine*. A favorite formula is this: .

R. *Santonine* gr. iij.
 Sacch. Alba..... gr. xv., M.
 Fv. pul. no., iij.

The dose is one powder every three hours—immediately following the last powder by a dose of castor oil, to produce brisk catharsis. This course of treatment I have pursued with invariable success.

The symptoms of the *anal* or pin worms are much the same as those already named. There is, however, more or less functional disturbance. In addition to the foregoing there will be experienced an uneasy sensation in the rectum, and an intolerable itching (*pruritus*) in the anus. To effect the removal of these little pests the process is simple yet certain. Make a saturated

solution of common salt and inject *per rectum*, repeating several times if necessary. This proves rather an unhealthy dose for these parasites, causing their speedy exit. To overcome convulsions, which are sometimes concomitants of this affection, the tincture of gelseminum should be given in full doses. It is always safe and sure if properly administered. For debility and loss of appetite a judicious selection of stomachic tonics and analeptics should be prescribed, and such articles of food as are nourishing and readily digested.

LINDSEY, OHIO.

VARIOLA NOTHÆ. (*)

BY JAMES L. REAT, M. D.

AN anomalous form of exanthem having visited this section of the West *endemically* during the past few years, making its appearance at different times, and not being influenced, apparently at least, by climatic variations, I have deemed it of sufficient importance to call attention to its peculiarities.

The pathological differences in the various cases coming under my notice (if existing at all) have been entirely too obscure for me to draw the line of demarcation. Some patients have suffered severely, others much less, yet all have presented symptoms in common with each other. The disease is usually ushered in by a chill—reaction coming up after an hour or two; the fever runs high, with much arterial excitement, cephalalgia, flushed face, pain in loins, respiration hurried, skin hot, tongue coated, with the papillæ projecting through it, having the appearance of numerous red points, some laryngial and bronchial irritation.

Varying from six to twenty-four hours from the *rigor* there appear upon the forehead in the axilla, and less distinct over the thorax, papillæ, small and round, but without that hardness characteristic of variola or curvilinear arrangement of rubeola. An efflorescence, which becomes more and more distinct, covers other portions of the body, until the rash involves almost the entire cutaneous surface.

* Variola Nothæ is defined by Daughton as a form of varicella or chicken pox.—ED. REVIEW.

The eruption at first appears as minute red specks, but gradually enlarge until they become larger than those observed in small-pox prior to the appearance of vesicles, but no depression in the centre can be detected. As they increase in size blotches form by their coalescence, presenting a dull red hue. There is swelling of the eyelids, difficult deglutition, exudation in the fauces, diphtheritic inflammation of the pharynx, enlarged tonsils and anorexia.

The sixth day, with few hours' variation, marks an abatement of all febrile symptoms; but desquamation is often postponed until the twelfth, at which time the cuticle begins to exfoliate, and continues until, apparently, successive exfoliations occur, accompanied with pruritis, aruncula appearing as sequela rather than concomitants, although making a show early in the disease. *Vibices* can be seen for months after convalescence. The majority of cases are children. It does not appear infectious or contagious. My first patient (over four years ago) was a physician himself, and was visited during his illness by eight or ten different practitioners, yet the diagnosis and etiology were given by none of them.

Mr. Editor, what is it? Does it demand special therapeutics because of its *special pathology*?

TUSCOLA, ILL., October, 1870.

PERISCOPE.

Scarlet Fever.

SOME striking statistics of the fatality of scarlet fever are given in the *British Medical Journal*:

"During the 21 years from 1848 to 1868, inclusive, there were registered in England and Wales 415,982 deaths from scarlet fever and its allied disease, diphtheria. To bring this number down to the present time exact data are not yet forthcoming, but it may be estimated that at least 40,000 deaths have occurred throughout England last year. In the six months ending June last 13,000 deaths were returned as resulting from scarlet fever and diphtheria—a number which we suspect, however, to be under rather than over the mark. Here, then, we have an aggregate in round numbers of 470,000 persons who have fallen vic-

tims to one type of zymotic disease in the last 22½ years. But what of those whom the diseases attacked but did not kill outright? On the most moderate assumption it is probable that at least 5,000,000 of persons in England have, during the last 21½ years, suffered more or less severely from attacks of scarlet fever and diphtheria. That a considerable number of these persons ultimately perished by other maladies, either induced by the original attack or supervening on a broken constitution, must undoubtedly be taken for granted."

The M'Boundou or Icaja, a Poison in use at Gabon.

MM. RABUTON AND PEYRE report, in the *Comptes Rendus*, that at Gabon, a French settlement on the west coast of Africa, there is in use a vegetable poison locally known as *m'boundou* or *icaja*. That substance is the root of a plant which is not further specified. The authors have been experimenting with this substance, which, even in very dilute decoctions, is very bitter, and appears to contain one or more alkaloids, since the aqueous decoction is largely precipitated by iodide of potassium, and also by phospho-molybdic acid. The poisonous effects of this substance bear some similarity to the effects of brucia, but the authors state that, under certain conditions, this poison does not hurt men. Some of the lower animals are readily killed by it; a dose of 3 milligrams of the alcoholic extract, placed under the skin of a frog, kills it; and rabbits and dogs are killed by doses of from 15 to 25 centigrams of the same extract introduced into the stomach.

Effects of Overdosing with Chloral.

A CORRESPONDENT of the *Lancet* writes that, having been as long as he can remember dependent upon drugs for a night's sleep, and finding morphia productive of anorexia and nausea, cannabis indica of a state bordering on delirium, and bromide of potassium of no effect whatever—

"You may be sure I was delighted when I saw the first account of hydrate of chloral in your journal. I procured a supply without delay, and for months I had the intense delight of refreshing sleep, waking in the morning with a good appetite and fit for any amount of work. But, alas! its effects were not lasting. In the beginning twenty grains would have the desired effect, but lately I have often taken as much as a drachm

without any effect at all. On the night of the 2d of August I took one drachm of the hydrate of chloral at about eleven o'clock and soon after went to bed. At one, finding myself hot, restless and weary, I determined to take another dose. I could find no matches in the room, and, as I did not like to alarm the house, I took the bottle of chloral syrup (twenty grains to one drachm), took a mouthful, and again sought sleep, but with no better result. Being teased, wearied and stupefied, but without any inclination to sleep, I again sought the syrup, and again took another very large mouthful. I was scarcely in bed when I was fast asleep, and slept soundly from about two till half past ten in the morning. A servant, who had occasion to enter my room about six in the morning, says that I was then snoring loudly. I was called at ten o'clock, and aroused with some difficulty. When I tried to get out of bed I found to my horror that I had no control whatever over my legs from the knees down. I could not stand; my legs tottered, and I would have fallen had I not clung to the bed-post. I wish your readers to understand that I had the use of every part of my frame except from the knees down. With the aid of a servant I dressed myself, and proceeded as well as I could to descend the stairs. In doing so I had several stumbles, and would have fallen were it not for my servant's support. I made a hearty breakfast and went about my business as usual, the only inconvenience I felt being the unsteadiness of my gait, and a slight diminution of sensation about the lower extremities. On measuring the quantity remaining in the bottle, and knowing exactly how much it contained when I took the first dose on the night of the 2d of August, I find that between the hours of eleven and two I swallowed about seven drachms of chloral! Had I made a similar blunder with any of the narcotics I have mentioned I fear I would now be in that region where

“ ‘The wicked cease from troubling
And the weary are at rest.’ ”

—*Medical Gazette.*

The Hypodermic Syringe a Means of Diagnosis in Ovarian Diseases.—BY HENRY F. WALKER, M. D., N. Y.

By aid of the microscope, with never so small an amount of the fluid contents of the tumor, a diagnosis can be made in every case. The means I would suggest, which possesses all the advantages of tapping with none of its hazards, is the hypodermic syringe, with the finest of needle points. This little instrument has often been used in diagnosing purulent from serious

effusions in the pleural cavity and pericardium, in detecting pus in cases of doubtful fluctuation under deep tissues, but has never to my knowledge been employed as a means of diagnosis in ovarian diseases.

The advantages it possesses are these: 1st. Efficiency. 2d. Harmlessness. 3d. Painlessness.

1st. Efficiency. This is undoubted in determining the nature of the tumor, whether solid, cancerous, canceroid or cystic. By plunging in the needle and retracting the piston sufficient fluid will be withdrawn by the suction exerted for microscopical diagnosis, even though it be of the most adhesive form of colloid growth. If it be proved a cyst, with fluid contents, the kind of cyst may be demonstrated in many instances, for by introducing the needle at different parts of the abdomen, and comparing the character of the fluids withdrawn, it can readily be determined whether they be drawn from a single cyst, with uniform contents, or from multilocular tumor, containing fluids of various density and composition. This tells more than the clinical history, palpation, and all other means of diagnosis combined, for it lets us look within the tumor itself.

2d. It is harmless. The fine needle of the hypodermic syringe can be introduced even into an aneurism without danger, while the wound it makes in the sac of an ovarian cyst is so small that nature ignores it. The usual trocar makes a rent: this dissects its way between the tissues, and their contractibility closes the wound.

3d. The painlessness of the operation is of less importance to the surgeon than the patient; but to the latter, to whom the preliminaries of examination are often more irksome than the grand operation itself, it is very desirable that diagnostic procedures should be painless as well as harmless.—*Buffalo Medical Journal*.

Uterine Displacements.

DR. J. HENRY BENNET, in a paper read before the British Medical Association, on the connection between inflammatory conditions of the uterus and its displacements (*Brit. Med. Jour.*), thus summarizes the views resulting from his experience and observation:

1. I consider that, under the influence of mechanical doctrines pushed to an extreme, uterine displacements are by many too much studied *per se*, independently of the inflammatory and other lesions that complicate and often occasion them.

2. That the examinations made to ascertain the existence of inflammatory complications are often not made with sufficient care and minuteness, as evidenced by the fact that I constantly see cases in practice in which inflammatory lesions have been neglected entirely, and in which the secondary displacements have been alone studied and treated.

3. That inflammatory lesions are often the principal cause of uterine displacement, through the enlargement and increased weight of the uterus, or of a portion of its tissues, which it occasions.

4. That when such inflammatory conditions do exist, as a rule, they should be treated and cured, and then time should be given to Nature to absorb and reduce hypertrophied and engorged tissues before mechanical means of treatment are resorted to.

5. That the relief from the sensation of bearing down which pessaries and bandages give is no real criterion of their being the proper means to use, such relief being often felt when there are inflammatory lesions present, which their presence aggravates.

6. The above statements must not be considered in any way to imply that I do not recognize other causes of displacement of a non-inflammatory nature, such as laxity of ligaments and soft parts, wide pelvis, laceration of perinæum, severe shocks, etc.—*Medical Gazette*.

Soil and Disease.

At the present meeting of the British Association in Liverpool, Dr. Moffatt, of Hawarden, has read an interesting paper on "Geological Systems and Endemic Diseases," showing that the soil has an influence on the composition of the cereal plants grown upon it, and on the diseases to which the inhabitants are subject. The district in which he practices consists geologically of the carboniferous and new red sandstone or Cheshire sandstone systems. Anæmia with goitre is prevalent amongst those living on the carboniferous systems, whilst it is almost unknown among those living on the new red sandstone system; and consumption is also more prevalent amongst the inhabitants of the former. Dr. Moffat has found by analysis that the wheat grown on the soil of the Cheshire sandstone contains the largest quantity of ash, and that there is a larger quantity of phosphoric acid and of oxide of iron in it than in the soils of the carboniferous and millstone grit systems. He has calculated that each inhabitant on the Cheshire sandstone, if he consumes a pound of wheat daily, takes in nearly five grains per day of the sesquioxide of

iron more than the inhabitants of the carboniferous system, who seem, therefore, to be subject to anæmia in consequence of the deficiency of iron and phosphoric acid in his food. It is not only in the wheat grown upon the carboniferous system that there is a deficiency in the quantity of oxide of iron and the phosphates, according to Dr. Moffat, but also in the blood of the animals reared upon it. He stated that sheep were liable to anæmia, which he attributed to sheep-walks being upon trap and limestone hills, in the soil of which there is but little, if any, iron.—*Brit. Med. Jour.*

Liquid Glass as a Surgical Dressing for Immovable Apparatus.

PROF. JOHN T. DARBY, M. D., of the University of South Carolina, has published in pamphlet form an interesting paper on this subject, the importance of which induces us to present the principal points brought out by the author. He says:

I was first led to its use by seeing M. Dolbeau apply the solid silicate, partially dissolved in hot water, in the treatment of a simple fracture of the right leg, in 1867. The hardness, durability, adhesiveness, and inexpensiveness of the crystalline mass were admirable in the light, firm and solid casing of the limb, but the dirty color and roughness of the sandy, gritty, undissolved material, after application, were objectionable. To do away with this condition, and to give neatness without sacrificing utility, the liquid silicate, as first obtained by Fuchs, at Munich, presented, I thought, advantages which I resolved to test. The use of this liquid for rendering wooden buildings, linen, cotton, and paper fabrics incombustible, and for protecting frescoes from atmospheric influences, is well known; and from a few of my own experiments upon animal tissues, I believe it could be made of vast service in the preservation of anatomical preparations. As procured from the laboratory, for commercial uses, it is a clear, light, amber colored fluid, remarkably adhesive and tenacious, almost insoluble in cold, and dissolved in four or five parts of boiling water.

The mode of application as a surgical dressing is very similar to that in making immovable apparatus with other substances in general use; but the neatness, lightness, firmness, durability, and the ease with which it is applied, render it preferable to gypsum, in being lighter, and not subject to renewal from cracking and breaking. In application it is far more convenient than dextrine and glue, and in comparison with starch it is more tenacious and firm, and dries more rapidly. An extensive experience in the use of plaster, starch, glue and dextrine induces

me, after a fair trial, to place it above these materials for general usefulness. In applying the dressing the limb should be first enveloped in cotton wadding, to protect prominences of bone from undue pressure, to cause bandages to closely fit irregularities of surface, to absorb moisture, and, at the same time, to yield to any swelling which might occur. After the wadding has been well fitted, unglazed muslin should be used as a bandage; and to this—with the hand, or better, for economy as well as neatness, with a painter's brush of moderate size—the silicate of potash should be thoroughly applied to this, the first bandage. Another, the second bandage, should be then adjusted immediately over the first, and a liberal covering of the liquid glass be made; to give stability to the mobile parts, as at the seat of fracture and the joints, strips of muslin, well soaked in the liquid, should be placed one over the other to the thickness desired and required; or pasteboard, felt, veneering of mahogany, cedar, pine or other wood, may be added or substituted. The third and final bandage should be made to completely cover the second, with the strips of cloth, paper, wood or other material, and then be saturated with the solution. If regarded necessary to furnish additional strength and security from mobility, short strips dipped in the liquid substance can be applied to such parts as cause the apprehension, without enveloping the entire limb in a fourth bandage. The dressing having been made, the limb should be kept at perfect rest until drying is shown in the hardness and solidity of the apparatus by immobility; the time for this condition depends upon the thickness and quality of the materials and the quantity of the substance applied. With two or three layers of bandage three or four hours will suffice; when five or six thicknesses, including paper, felt, or an absorbing material, are used, from eight to twelve. For the lower limb of an adult two and a half pounds of the liquid are sufficient, and half this quantity for the upper extremity. In the removal of this dressing difficulties exist, as with plaster, starch, glue and dextrine; hot water is an adjuvant, but fear of scalding forbids use unless with greatest caution. The scissors or knife, such as used for the removal of starch bandage, is applicable in this; and in the event of the dressing becoming loose from congestion subsiding, by cutting out a portion and boring holes it can be laced, as a boot, to fit the limb; or by bringing the edges together and placing a longitudinal strip, and binding this by short strips partially or completely encircling the limb, the apparatus is made as solid, firm and immovable, as when first put on the part.

In compound fractures or in ulcers, by making a point upon

the superimposed bandages, corresponding in shape and size to the injured or diseased parts, and cutting out the parts thus marked, the wound can be dressed; or, by leaving a portion attached, a door over the fracture or ulcer can be made to open and shut, as required. In œdema of the limbs, in chronic arthritis, in club foot and other deformities, in firmly fitting bandages for reduced luxations, in fractures, simple, compound and ununited, in sprains, in truth, wherever absolute rest is required and immobility should be maintained, I know this to be a superior method of dressing.—*New York Medical Journal*.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

The American Dispensatory. By JOHN KING, M. D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, etc., etc. Eighth edition, revised and enlarged. Cincinnati: WILLSTACH, BALDWIN & Co., 1870.

WE have received from the publishers a copy of the last edition of this work.

The character and peculiar excellencies of the American Dispensatory are so well known to the eclectic medical profession that an extended and critical notice of its contents would be superfluous. Its great value has now an extended recognition both in this country and in Europe. In all communications and discussions concerning the new vegetable remedies, which are now investigated and extensively used by the liberal and progressive men of the Old School, it is cited as a standard authority.

Druggists have come to regard it as indispensable, not only because it contains such full information in regard to a class of remedies which have now come into almost universal use, but because of the superiority of its pharmaceutical processes and its improved formulæ for the preparation of certain compounds which are not found in the United States Dispensatory.

The special superiority claimed by the New School of Medicine over its competitors is based upon the character of the medicinal agents which they have brought into use, and which are, in a great measure, peculiar to their practice. The great mission of the Reform School has been the development of our indigenous *Materia Medica*. It is in this field of experimental research that it has conferred its greatest benefits and achieved its most substantial triumphs. The American Dispensatory may be regarded as an epitome of the results of these labors. It stands a noble monument to the industry, research and learning of its able author, who has given perspicuity and order to the vast mass of material accumulated by the labors of medical reformers during the last quarter of a century.

It is a work of which the eclectic medical profession may justly feel proud, not only because it presents a full and satisfactory exhibit of the important discoveries which they have made in the *Materia Medica*, especially in developing the medicinal value of our native plants, but also because, from its systematic and authoritative presentation of facts respecting the history and first application of these valuable remedies, the honor of their discovery cannot fail to be accredited to proper sources.

In the present notice we can only glance at the general arrangement of the contents of the volume.

Part I is devoted to *Materia Medica*. It contains an account of a large number of medicinal plants indigenous to this country—many of which are for the first time presented to the profession. The various articles are arranged alphabetically. Their classification and botanical description are given, together with their properties and chemical relations. The therapeutical uses of each agent are fully but concisely presented.

Part II is occupied principally with American Eclectic Pharmacy. The pharmaceutical compounds described are those which an enlarged experience has entitled to the rank of officinal, and which are in general use among New School physicians. The various chemical and pharmaceutical processes described are of recent date, and have been found by ample experience to be the best. These are fully and clearly explained, so that every apothecary may be enabled to prepare, without difficulty, all or any of the more modern preparations whenever these are ordered.

In Part III we notice a new and very desirable feature, viz: a full account, under the head of Olsolescent and Objectionable Medicines, of the various mineral agents, their chemical histories, therapeutical virtues and uses. It also contains a vocabulary explaining the Latin words and the abbreviations frequently met with in medical prescriptions, tables of doses, weights and measures, chemical composition of mineral waters, specific gravities, hydrometrical equivalents, solubility of salts, acids, bases, etc.; all of which are of much utility and indispensable to the chemist and pharmacist. The work terminates with a full and complete index, so arranged that any medicine, compound, or table, etc., may be promptly found without any delay or difficulty.

The present edition has been revised and largely re-written, and the improvement over its predecessors is so great that we advise all our readers who desire to keep pace with the advances in therapeutical science to provide themselves with a copy.

It can be ordered direct from this office. Price, \$10.

The Pathology and Treatment of Venereal Diseases ; Including the Results of Recent Investigations upon the subject. By FREEMAN J. BUMSTEAD, M. D., Professor of Venereal Diseases at the College of Physicians and Surgeons, New York ; Surgeon to Charity Hospital, etc., etc. Third edition, revised and enlarged, with Illustrations. Philadelphia : HENRY C. LEA, 1870.

Our readers are no doubt familiar with former editions of this excellent work on Venereal Diseases. Its clearness of style, the careful attention to minute details—invaluable in a practical treatise—and the full and comprehensive manner in which the whole subject is treated, at once commended it to favor and gave it the highest rank as an authority. It has steadily grown in popularity, and is now generally regarded as the best work on Venereal Diseases in the English language. The whole work has undergone a complete and thorough revision, so as to bring it up to the requirements of the present state of our knowledge upon this important subject.

It is surprising how much the labors of specialists in this field of research have accomplished within the last few years. There has been a complete revolution in the views of some of our most eminent syphilographers upon certain points ; many controversial issues have been settled and a vast number of important facts bearing upon the pathology and treatment of Venereal Diseases have been developed. The author has endeavored to embody all the trustworthy results of these labors in the present work.

In Part First the subject of the treatment of stricture has been re-written, and due importance has been given to the operations of rupture and internal urethrotomy.

Parts Second and Third, relating to the chancre and to syphilis, have been remodelled and partially re-written. The subject of vesical syphilis especially, which was almost unknown at the time of publication of the first edition, has received the attention which more recent investigations require.

The syphilitic affection of the eyes has been ably treated.

Much of the original text has been condensed and re-written ; some portions have been omitted while a great deal of valuable matter has been added, which render the present edition much superior to its predecessors.

Practical Anatomy ; A MANUAL OF DISSECTIONS. By CHRISTOPHER HEATH, F. R. C. S., Assistant Surgeon to University College Hospital, Teacher of Operative Surgery in University College, London, etc. First American from the Second English edition ; edited, with additions, by WILLIAM W. KEEN, M. D., Lecturer on Pathological Anatomy in the Jefferson Medical College, etc., etc. Philadelphia : HENRY C. LEA, 1870.

A "DISSECTOR'S MANUAL" has now come to be regarded as among the necessities of an anatomical student. For the practical require-

ments of the student we know of no better *vade mecum* than the work before us.

It is now about six years since the first English edition was issued. Its intrinsic excellence, no less than the high reputation of its author, secured for it a favorable and extended recognition. The second edition, much enlarged and otherwise improved, was issued last year.

The alterations and additions which have been made by the American editor have served materially to enhance its value. The changes in the arrangement of the text, and the directions for prosecuting certain dissections, have been made upon the basis of an intelligent adaptation to the wants and convenience of the student.

In an appendix there have been added directions for the preservation of subjects for dissection and for making permanent preparations. The value of such information will be readily appreciated by the practitioner as well as the student.

A number of new handsome illustrations have been incorporated, as also some excellent diagrams.

The American Exchange and Review. A miscellany of general knowledge and useful literature, especially devoted to Finance, Mining and Metalling, Insurance, Railways and Transportation, Manufactures, Patents, Trade, Commerce, Art, Joint Stock Corporations' Interest, Physics, Social and Economic Science.

THIS is a monthly periodical, containing eighty-six (86) pages. It is ably edited, and contains many valuable articles upon more or less of the subjects mentioned above. Publishers, FOWLER & MOON, of Philadelphia; American News Company, New York, and Western News Company, Chicago.

Cynthiana News (CYNTHIANA KY).

THIS is one of our regular exchanges, and is always welcome. It is published weekly by A. J. MOREY.

Prang's Chroma.

A JOURNAL of popular art, and is one of the most beautifully illustrated periodicals of the day. We consider that the September number (Vol. 2, No. 8), like all its predecessors, is gotten up in the most artistic style of any periodical. Among the splendid illustrations in this number is the family scene in Pompeii, after J. COOMANS; Launching the Life-Boat, by MORAN; Sunset on the Coast, by DE HAAS. Published by L. PRANG & Co., Boston, Mass.

The People's Literary Companion.

PUBLISHED monthly at Augusta, Maine, by E. C. ALLEN & Co., at 75 cents per year. This is a large 8vo, and one of the finest specimens of a literary paper we have ever seen.

The Chemist and Druggist (LONDON ENGLAND).

THIS is one of the largest journals of the kind that is issued. The August number is filled with valuable matter.

New Orleans De Bow's Monthly Review ; A Journal of Agricultural, Industrial Progress and Resources.

THIS has for many years past maintained itself among the very first periodicals of the day. It is under the management of W. M. BRUWELL, whose ability as an editor is a guarantee of the continued success and position of this journal.

EDITORIAL.**NOTICE TO SUBSCRIBERS.**

WE enclose in the present number notices of subscription due to such of our subscribers as are in arrears. We respectfully ask that they meet with immediate attention. Our bills have to be paid every month. To enable us to do this, it is absolutely necessary that subscriptions should be sent in promptly.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

WE give in this number an abstract of the proceedings of the National Eclectic Medical Association, held at Chicago in September last. It will be seen by reference to them that the utmost harmony prevailed, and the Association was organized upon a substantial and enduring basis.

This is one of the most important movements ever made to consolidate and unite the scattered elements of the new school of medicine in a common union, where can be realized the full effect of the apothegm, "United we stand ; divided we fall."

Doubts were entertained by several members of the profession in different States in regard to the feasibility of the attempt to organize a National Association; but the perfect harmony and success of the movement has removed them, and we are glad to be able to say that there seems to be no reasonable doubt but that, at the next meeting, every State of the Union will be represented by specially appointed delegates from State and district societies.

We have many thousand practitioners and millions of patrons, and are in fact second in numbers, influence and power only to the old school. The preponderance of this school is every year growing less, while the new school, its remedies, its practice, its generous and liberal principles, which are more in harmony with our free institutions and the spirit of the age, is advancing with giant strides. We cordially invoke the united support of the profession, its periodicals and its workers, to join and aid in building up this great national structure, whose foundation-stone was laid at Chicago, the growing metropolis of the Lakes and the great West.

The Convention unanimously decided that the next annual meeting should be held in the city of New York, on the first Wednesday of October, 1871, on which occasion we hope to meet such a representation as will do honor to progressive medicine and the interests of American Eclecticism.

Much important matter relating to the Convention and many eloquent speeches are omitted for want of space.

THE COMMERCIAL HOSPITAL OF CINCINNATI.

THIS institution was chartered in 1821, and was the result of the persistent labors of the late Daniel Drake, M. D. Dr. Drake also applied for the charter of the Ohio Medical College. At the time of the establishment of these institutions, and down to a very late period, the faculty of the Ohio Medical College had the entire management of the Commercial Hospital. A more bigoted, selfish and illiberal set of men never disgraced such a position. They opposed by every means in their power equal advantages to the faculty and students of all other colleges of that city. After a hard struggle a separation was finally established, and the trustees of the hospital appointed by the City Council became possessed of the power to appoint the attending physicians without reference to the will or wish of the faculty of the Ohio Medical College.

Subsequently, one of the finest and most ample hospital edifices in the United States has been erected. It is complete and thorough in every respect and in everything except its medical staff. There are men in this capacity connected with the hospital who are not competent either as *teachers* or *practitioners*. In this way the students are the losers and the patients the sufferers. The inside portion of the medical staff, it would seem, from the violent controversy now being carried on between themselves and several of the *outside* medical staff through the medical journals and daily papers of Cincinnati, was rather checkmated by the Professor of Pathology. It would seem that the post-mortem developments did not sustain the diagnosis and teachings of some of the *insiders* (they having the greater power). On this account they removed their pathologists, hoping thereby to be relieved of a constant apprehension that their false teaching would be exposed. This fact has aroused the ire of the *outsiders*, and they have called for an open and fair investigation. This simple fact ought to be sufficient to open the eyes of the managers of this great charity to see that their duty can only be discharged faithfully by placing that institution under the control of a competent staff not connected with any medical college. Our acquaintance with that city and its institutions, and the medical profession for twenty-five years past, warrants us in expressing this opinion. During that time there has been constant trouble and bickerings among the medical men of Cincinnati upon this very subject. While we believe that no city in the United States with the same population has so many well-educated and successful old school practitioners, we are fully of the opinion that, if the faculties of the several medical colleges of that city shall be allowed to compose a medical staff of the Commercial Hospital, peace and quiet never will prevail.

Medical teaching in Cincinnati in the old school colleges is rather at low tide and corresponds with their low fees; students who pay but little can claim but little, yet teachers consider that what they get is all their labor is worth.

FIRST VOLUME OF THE TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

IN 1848 a National Eclectic Medical Association was organized at Cincinnati, and had a large number of members, and held annual meetings up to 1856, since which time no meeting has been held until the new organization at Chicago, when the original Title and By-laws

were adopted, with some slight amendments which experience had demonstrated as desirable.

By reference to this abstract it will be seen that ample provision has been made for the publication of all proceedings, including a historic summary of the earlier meetings of the Association, together with a complete list of the names of all the members of the Association, from its original inception in 1848, in a volume which is intended hereafter to be annual. This first volume will be one of paramount interest to the profession, and will be ready for delivery before the next annual meeting. The number of copies to be published is left to the discretion of the publishing committee, Drs. A. Wilder, M. Jay and R. S. Newton.

GOVERNOR HOFFMAN AND THE DOCTORS.

THE Brooklyn *Eagle*, of November 16th, contains the following assault on Governor Hoffman for his appointment of Health Officer of the Port of New York :

“ We have always regretted the fact that Governor Hoffman, when he appointed Dr. Carnochan, allowed political pressure from New York city to override medical remonstrance from all parts of the State. Dr. Carnochan, though a surgeon of great eminence, by alleged unprofessional and adventurous tactics, long ago estranged the coöperation and fellowship of the regular School of Medicine in this commonwealth. When his name was up, the physicians, by their representative men, suggested none of their members in particular, but were one in protest against the selection of a gentleman out of relation with the body of their profession. These protests were neither few, influential nor impositive ; but they were unsuccessful, and what was a medical defeat has also proved, in the opinion of many, a public blunder and political reproach. The physicians, not ardent partisans, are yet jealous, and naturally jealous, of any political action which represents their profession by a choice which they regard as alien.”

The *Eagle* accordingly declares that if Governor Hoffman's election had depended on the vote of the physicians he would have been defeated, and concludes as follows :

“ The defection of a considerable number of gentlemen, by learning, culture and position inclined to conservatism, from the democratic standard-bearer, should teach our Governor—himself the son of a doctor, and able to appreciate the professional feeling—to let the

school of Hippocrates hereafter be represented by those admitted to its confidence, and not suspected of having violated its sublime obligations."

The facts, which are here disguised under such verbiage, are simply as follows: Doctor John M. Carnochan was appointed by Governor Hoffman, last winter, Health Officer of the Port of New York. He is "a surgeon of eminence," of mature scholarship, and rare professional ability. After establishing himself in practice in the city of New York he advertised his business and intrepidly discarded the absurd Procrustean rules of the "Code of Ethics." He pronounced the word Shibboleth with a Samech instead of a Shin. Of course the men who adhere to the Code are his adversaries. He is able, enterprising and skilful; but what of that? the Code of Ethics, as implacable as the Code of Duelling, incapacitates him for the public service, however well qualified.

Repeatedly have liberal men endeavored to procure the setting aside of such a heathenish restriction, but public men have lacked the courage. When the Metropolitan Sanitary Board was created, in 1866, the Homœopathic State Medical Society and many reputable citizens applied to Governor Fenton to appoint a physician of that school on the Sanitary Commission. He employed physicians of the Homœopathic and Eclectic Schools in his own family, but would not venture to designate such men for the public service. Governor Hoffman displayed greater intrepidity—he has appointed a man every way competent, without regard to the "sublime obligations" of a secret cabal, a scrutiny of his religious belief or conventional position in the profession. By this manly act we have obtained a Health Officer every way qualified, and medical bigotry has received a blow in the stomach-pit from which it will not soon recover.

NEWS AND MISCELLANY.

CONNECTICUT ECLECTIC MEDICAL SOCIETY.

THE semi-annual meeting of the Connecticut Eclectic Medical Association was held in Hotchkiss Hall, Waterbury, Tuesday, November, 8th, 1870. The afternoon was devoted to business.

Dr. Fisk, of New London, presented an admirably arranged blank for a statistical report of cases for the use of the members. It makes the registration of cases very feasible—it being very plain and requiring slight labor. These blanks are to be furnished to all member

of the Society, and will be the means of presenting the success of the eclectic system in strong contrast with the old school treatment. Dr. Fisk also presented a printed Constitution of the Society, from which we learn that it was incorporated by law in 1855—being the oldest State eclectic society in this country.

Dr. Linquist, of New Haven, reported a case of necrosis of the superior maxillary, following small pox; also a case of painless labor.

Dr. Hodgkins, of Rocky Hill, stated a very interesting case of diphtheria.

Dr. S. B. Munn, of Waterbury, gave an interesting statement of a case of puerperal convulsions.

The evening meeting was held in Hotchkiss Hall, and was devoted to the public. We abridge an account of it from the *Waterbury Valley Index*, to which our profession in Connecticut are much indebted for so full a report, and which had the courtesy to say of the members present at the society meeting, that they "were earnest and intelligent men, thoroughly versed in the principles they have adopted."

Dr. Munn called the meeting to order, and introduced to the audience Dr. Clark, the President of the Association, who in turn introduced Dr. Johnson, of Hartford. Dr. Johnson, having acted as President of the National Eclectic Medical Convention recently held in Chicago, made some statements of facts brought before that Convention, showing the great success of the system in the New England, Middle and Western States, especially in the latter, where it had already become strong and was constantly growing in popularity and influence. He also stated that the system is making sure progress in the South and Southwest.

Dr. Fisk, of New London, next spoke. He referred to the importance of organizations and their right to be heard by the public; he claimed for the new school the same privileges as were enjoyed by other schools of medicine. Other systems have their organization and seek to influence the public mind in their favor in various ways. Eclecticism, though its principles are old as creation, as a system in medical science, is comparatively new. As its name indicates, it selects out of all systems and from all sources, retaining the good and rejecting the bad. Eclectic medical practice is not a system of quackery; its demands, as regards a knowledge of the principles of medical science and of the human organization, are not inferior to those of any other system. It discards the use of mercury and mineral poisons in any and every form; it does not practice blood-letting, and in this last particular the "regular practice," so called, has yielded to the influences of the eclectic, and dropped it almost altogether. Dr. Fisk claimed for his system great success in the treatment of diseases, with a very small percentage of loss as compared with other systems.

Prof. Allen, of New York, made the concluding address. He began by saying that the most successful system of medical practice must be the best, and inquired how it had happened that a system not yet more than thirty years old had extended itself so rapidly, had established its associations and placed itself on a sure and substantial

footing. These questions he proceeded to answer, going over a wide field of thought and investigation, comparing the different systems and showing wherein, in his estimation, the eclectic was superior to all others. We have not space to follow out his train of thought, and could not do him justice if we had. Prof. Allen is an earnest and good speaker, and commanded the undivided attention of his hearers.

The discussions were conducted with becoming dignity and candor.

After the evening session the members enjoyed a reception at the residence of Dr. Munn, at which some interesting cases were related, as well as some very enjoyable incidents and experiences of professional life. Harmony, enthusiasm, and progress are the watchwords of this society. Its next annual meeting will be held in Hartford, the second Tuesday in May, 1871, and arrangements have been initiated for a society dinner and a public meeting.

The officers of the society are :

President—Cyrus C. Clark, M. D., Middletown.

Vice-President—Chas. H. S. Davis, M. D., Meriden.

Recording and Corresponding Secretary—N. D. Hodgkins, M. D., Rocky Hill.

Censors—J. W. Johnson, M. D., Hartford ; H. Ingersoll Fisk, M. D., New London ; S. B. Munn, M. D., Waterbury.

PROSPECTS OF FEMALE DOCTORS.—Whilst the conservative members of the profession are insisting that women are physically and mentally unfit for the study and practice of medicine, and must not be tolerated or acknowledged as regular practitioners, the incentives and facilities for the medical education of females are increasing notably in all directions, both in Europe and America. A wealthy citizen of Boston has lately bequeathed nearly a million and a half of dollars for the endowment of an institution for females—medicine being first named in the list of branches to be taught. If our good brothers in Philadelphia and elsewhere, members of the Pennsylvania State Society, and of the National Association and other organized bodies, who condemn as heretics all doctors in petticoats and their abettors, do not throw off their stiff stocks and suffer their heads to turn on the axis, they will run the risk of being crowded out of the profession by the well-trained graduates of crinoline, who are mustering in these latter days like the soldiers of Germany. The opponents of female doctors are really their best friends. They do not understand the nature of women or they would not attempt to thwart her aspirations by prescription. "When she will she will, you may depend on't."—*Pacific Med. and Surg. Journal*.

EXTRAORDINARY CASE.—Dr. W. B. Trull reports, in the *Boston Medical and Surgical Journal*, the case of a fisherman who had attacks of retention of urine, which he, by advice of a family physician, obviated by passing a long glass bottle, three inches in diameter, into the rectum and pressing against the bladder. But one day, on an

emergency, he passed in a stone $5\frac{1}{2}$ inches long, $3\frac{1}{2}$ inches broad and $2\frac{1}{2}$ inches thick, which weighed 1 lb. and $14\frac{1}{2}$ ozs. This would not come out, with or without help. On examination, it was found to have ruptured the rectum near the sigmoid flexure, and passed into the peritoneal cavity, whence it was extracted by an incision through the abdominal walls. In ten days the abdominal wound had healed, no peritonitis had occurred, and the patient was in a fair way to recover speedily.—*Michigan University Medical Journal*.

POISONING BY WORM LOZENGES.—Dr. B. D. Gifford reports to the *Boston Med. and Surg. Journal* a case of poisoning a child three years old, who had eaten seven "worm lozenges." The symptoms were those of strychnia, and indications of the presence of strychnia were found in lozenges from the same parcel. The vermicidal agent was supposed to be santonin. In the *U. S. Dispensatory* a similar case is related, which occurred in France nine years ago. The patient was poisoned by what was considered an overdose of santonin, but strychnia was afterwards detected. How came the strychnia in the two parcels of santonin? Or was there some other toxic element developed in the manufacture of the santonin resembling strychnia in its physiological and chemical relations?

MASKED AGUE.

Editors Review.—In June, 1860, I was called to see Mrs. H., of Ky., Considered her as suffering with erysipelas. It appeared to be spreading very fast. Commencing near the umbilicus it had passed downward to the vulva; thence down the right thigh to the knee. She said she was taken about midnight, had been getting worse all the while. Her tongue was coated; bowels costive; kidneys inactive; pulse at about 70° . I gave her the usual remedy for erysipelas. She became better until four o'clock in the evening. I thought her almost well, but I was disappointed. At twelve o'clock in the night she was taken as before. The attack continued so for two or three days, when I could plainly see that the disease was periodical. I then put her upon antiperiodics, which relieved her without need for other treatment.

2d. I was called to see Mrs. C. on the first of June, 1867. She had been under the treatment of three old school physicians. She had been pregnant five months, and they pronounced it abortion. She was suffering as follows: Severe pain in the region of the uterus, commencing at four o'clock in the morning each day; the pain was of a pressing or bearing down character, causing the patient to apprehend that she was going to miscarry; the doctor had given her ergot, morphia, Dover's powders, and also blue pills. At the end of three weeks she was no better than at first. I considered it a case of masked ague, and gave her five grain doses, every two hours, of sulphate of quinia, until she had taken 40 grains. This effected a permanent cure.

ACONITE AND VERATRUM IN THE ROOM OF ANTIPERIODICS.

Editors Eclectic Medical Review.—I have treated bilious, intermittent

and remittent fevers with aconite and veratrum. The paroxysms in those periodic diseases are the efforts of nature to throw off morbid accumulations. A little help at the proper time enables her to accomplish the work, as we know that in many cases she does accomplish it without help. My mode of administration is as follows: Commencing a little before, or even when the chill is on, give veratrum in broken doses; when the hot stage begins to appear I add to the broken doses of veratrum the usual dose of tincture of aconite, say from two to six drops, owing to the general habit and condition of the patient, until the fever abates, after which I return to the broken doses of veratrum. This treatment seldom has to be continued longer than the third day. The appetite returns; convalescence is short, and the patient recovers sooner and to a more perfect state of health than on any other treatment that I have ever seen tried. Of course some attention is to be paid to the condition of the stomach and bowels. Try it; it works like a charm.

Dr. D. W. MARTIN.

MONTRA, OHIO.

IN San Francisco, recently, the sudden and unaccountable death of a boy ten years of age, led at length to the arrest of his father on suspicion; when, by chance, the physician who conducted the autopsy, after its completion, bethought himself to examine and remove the larynx, this organ was found to contain a large mass of meat, which produced death by suffocation. It appeared that the boy in the night had been awakened by an attack of vomiting, during which the meat became lodged in its position. *The Pacific Medical Journal* gives an account of another case also, in which a patient who was put under the influence of chloroform, after having eaten a hearty meal, during an attack of vomiting lodged a portion of food in his larynx and was suffocated in spite of every effort.—*Buffalo Medical Journal*.

THE LADY DOCTOR.

YESTERDAY I went to the ball,
I'll tell you now the issue,
Dancing is healthy for us all
(It renovates the tissue).

My partner for the first quadrille
Spoke soft of "lovers' perjury;"
I'd never heard of that disease
In all the range of surgery.

He swore that he was mad with love,
In accents quite theatrical;
I hailed him as an object fit
For studies psychiatrical.

He swore his heart was breaking fast ;
I begg'd he'd try a blister,
But said that broken hearts to set
Would puzzle e'en a Lister !

He said that he should pine away,
In accents melancholic ;
I recommended 'gainst decay,
The acid called carbolic.

He left me, but consoled himself
With soda and with sherry—
He knew, no doubt, the first alone
Is deleterious, very.

The next with whom I danced had such
A well developed head, sir,
I wished that, as a legacy,
He'd leave it me when dead, sir.

'Tis true he couldn't waltz—indeed,
He floundered like a grampus—
But then his brains !—I'm sure he had
A monstrous hippocampus !

A student medical was he,
A man of humor comical ;
O how he'd laugh when'er he made
A *bon mot* anatomical !

And so we left the dance and band,
I'm sure you'll own we'd gumption ;
The gallop sole of which we spoke
Was galloping consumption.

The waltzers at the *trois temps* danc'd
As they'd go on forever—
The only *trois temps* we thought on
Was tertiary fever.

But here I'll pause ; I'll only add,
To gratify my tutors,
I practiced for anatomy
By "cutting up" my suitors.

PREPARED FLOUR OF BRAN.—Food for diabetic patients. Prepared
by JOHN W. SHEDDEN, 363 Bowery.

NEW YORK ECLECTIC LIBRARY, 129 East Seventeenth street, New
York, has 27,000 volumes. Open from 9 A. M. to 9 P. M.

AMERICAN ECLECTIC MEDICAL REVIEW:

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

JANUARY, 1871.

No. 7.

ORIGINAL COMMUNICATIONS.

RECENT PROGRESS IN GYNECOLOGY.

BY CHARLES H. S. DAVIS, M. D.

DURING the last twenty years there has been more light thrown upon the diseases and natural functions of the female reproductive organs than upon any other division of professional knowledge. The publication of Dr. Bennett's papers in the London *Lancet*, and the reading of his paper to the College of Physicians, in the year 1845, startled the medical men of London like a shock of electricity. A long and bitter controversy followed, in which such men as Robert Lee, Tyler Smith, Charles West, Whitehead, Churchill, Simpson and others were engaged, and since that day the anatomy, physiology, pathology, diagnosis and treatment of female diseases have undergone an ordeal which is highly creditable to many of those whose names we have mentioned. Dr. Bennett's great work (F. N. A Practical Treatise on Inflammation of the Uterus), more, perhaps, than all other writings, gave new, and lasting, and truth engendering impetus to gynecology. His theories were bold, plausible and eloquently stated; and his treatment was prompt, direct and efficient. At a more recent date the works of Sims (F. N. Clinical Notes on Uterine Surgery), and his pupil, Emmet (F.

N., Vesico-Vaginal Fistula, from Parturition and other causes), have recorded some of the most important advances ever made in surgery. While the works of Thomas (F. N. *A Practical Treatise on the Diseases of Women*), and Elliot (F. N. *Obstetric Clinic. A Practical Contribution to the study of Obstetrics and the Diseases of Women and Children*), have done much towards the placing of gynecology upon a scientific basis. Dr. Tilt (F. N. *Hand-book of Uterine Therapeutics and of the Diseases of Women*) has also done much towards the advancement of gynecology. He has insisted (1) upon the paramount importance of hygiene for the relief and cure of disorders of women. (2.) The constitutional nature of many of these diseases, and the impossibility of curing them without constitutional remedies. (3.) The manifest reaction of uterine affections of the female system, and the impossibility of curing many womb complaints without surgical measures. (4.) The great value of therapeutics to assuage and cure diseases of women, and a belief in the value of those remedial measures that are as old as medicine itself. What the stethoscope and thermometer have done for other branches of medical science, the speculum, sponge tent and sound have done for gynecology, and have placed the science of modern medicine far above the medical science of all the preceding ages. By means of these three diagnostic aids the youngest physician of to-day may pronounce with certainty upon diseased actions that would have baffled the best-educated physician half a century ago. Our fathers used the terms "theory and practice" of medicine and surgery; we speak of the "science and art" of medicine and surgery. The rapid progress that has been made in gynecology has attracted the attention of the general practitioner, and a correct knowledge of the subject is as necessary to him as well as the specialist, and it is of the highest interest not only to the female, where a correct diagnosis involves here life and death, but also to posterity. The wonderful advances that have recently been in gynecology, the interesting theories concerning the causation and treatment of particular diseases, and the history of the development of special operative procedures, demand the attention of every physician. We know that there has been developed a feeling that all uterine specialists are not unmixed benefactors to the human race.

Adventurers, forgetting that the reproductive organs are but a part of the female economy, seizing upon the *possibility* of applying remedies directly to the uterine cavity for the *indication* to do so, have attacked this member with a vehemence and a perseverance under which the constitution of women has not unfrequently succumbed. The womb is preserved but the woman is lost. There is much reason to believe that, in many instances, morbid uterine sensations are simply intensified and maintained by local treatment of whatever kind. But to the scientific physician the field is an interesting one, for we are now no longer compelled to grope our way in the dark in the treatment of uterine diseases, when we have the aids which science and ingenuity have brought to pour a flood-tide of light in upon our diagnostic, therapeutic and pathological pathway. Not many years ago the uterine and vaginal cavity was a tomb whose entrance was sealed, and large numbers of women, old and young, were permitted to die of diseases now known to be easily and certainly curable. The dilatation of the cervical canal by tents, and its incision when necessary, the removal of various cysts, and the closure of vesico-vaginal fistulas, are the triumphs achieved by the gynecologist. Before the speculum was introduced into this country, almost all the maladies of the uterus were ascribed to misplacements, and these were generally supposed to be various degrees of prolapsus, and some form of pessary was the usual remedy. Nothing was known of metritis, endometritis, ulcerations, flexions, versions, hypertrophy, subinvolution, superinvolution or atrophy of the walls of the uterus; fibrous, fibroid, submucous, subserous or interstitial tumors; fibrous, cellular, glandular and sanguineous polypi or cancers. Hemorrhage, owing to a submucous fibroid tumor, was supposed to arise from plethora of the uterus, or a rheumatic diathesis, or a congestion of the liver, interrupting the portal circulation, and in some way or another interfering with the uterine veins, or to a hemorrhagic diathesis, or something else. In general practice the uterine sound is not commonly resorted to from fear of its results, the difficulty of its introduction and uncertainty of its revelation, and yet no case of uterine disease should be regarded as fully investigated unless the cavity of the uterus be probed. It was the use of this instrument which first led

Hugnier to the discovery of supra-vaginal elongation, which had been, previously to his discovery, confounded with descent of the uterus (F. N. *Mémoire sur les Allongements Hypertrophiques du Col de l'Uterus, &c.* Paris, 1860). Courty (F. N. *Traité Pratique des Maladies de l'Uterus, &c.* Paris, 1866) has vividly portrayed the advantages arising from the use of the sound in aiding the diagnosis of other conditions of the womb. It is not many years since that the great French surgeon, Dupuytren, said: "It very frequently happens that polypi concealed in the uterine cavity, inaccessible to our senses or instruments, gives rise to severe symptoms, the true cause of which cannot be determined." Similar ideas were expressed by Ramsbotham, Madame Boivin, Mende, Roche, Sanson, Colombat and others who failed to recognize the frequent connection between frightful menorrhagias and uterine polypi; and as late as 1848 Dr. Meigs published that "it would be folly to attempt the removal of a polypus still retained in utero." In 1856 Vidal, Scanzoni, Jobert, and other noted gynecologists, had pronounced vesico-vaginal fistula incurable, which now, thanks to the genius of Sims, is one of the most curable of maladies. Another of the triumphs of modern gynecology is the diagnosis and surgical treatment of ovarian tumors, which surgery in former times offered no better resource than tapping, which often expedited the fatal result. With the facilities now offered to the medical profession the practitioner ought not to confound an enlargement of the womb with a prolapsus or a retroflexion with a fibroid tumor. A physician may be an excellent *accoucheur* yet be ignorant of the rational treatment of the most common of the diseases affecting women. This is owing in a great degree to the little instruction given at our college of the diseases of women, and the poor advantages offered for clinical instruction at our hospitals. The subject of uterine medicine and surgery is now attracting more attention, and no department of professional science has such earnest devotees. We hope the time will soon come when the importance of the diseases of women will be better recognized at our medical schools, and that every school will have its chair of gynecology separate from its chair of obstetrics.

MERIDEN, CONN.

THE MERIT OF ECLECTIC MEDICINE.

Read before the Boston Dist. Eclectic Medical Society.

BY H. G. BARROWS, M. D., LL. D.

November, 1870.

THERE never was a time, perhaps, when the country was so full of doctors as the present; nor was there ever a time when "*pathies*" were so numerous. Some new spirit starts up from the "chaos of nothing to do," puts up a receipt from some long forgotten and obsolete book, or else he has professedly received it from some fossil Indian, and mounting his medical (?) idea, rushes through the immensity of medical space by means of paid "puffs" and abundant newspaper advertising; and lo! in a few days our houses are flooded with almanacs and circulars blazing the virtues of a *new* remedy, based upon the principles of a newly discovered "*pathy*," illustrated with *exquisite* pictures, showing how Mr. Noodle looked before he took the medicine, and how he looked after he took it—and straightway the people, and those not always the ignorant portion of them, get wild with excitement and rush after the specific, until disappointment—repeated in their experience for the fiftieth time, perhaps—rouses them from their stupor, only to learn that their ailment, uncured, still sticks to them closer than a brother.

This farce is repeated month after month, and year after year, and still many of the people do not learn wisdom. Having tried these various nostrums to their hearts' content, the victims in many cases resort to the physician with their debilitated constitutions and partially paralyzed powers of nature, for him to exercise his skill in endeavoring to restore to healthy action the over medicated functions of their body. So far, at least, this is the only "good that comes out of evil," but the patients, alas! are the most unpromising of all that fall to the lot of the practitioner.

Our country possesses an abundant supply of physicians, which precludes the necessity of resorting to quackery in any form, for the regular profession are fully able to contend successfully with every disease curable by medical agency.

We have used the phrase "regular profession," and as some are very fond of using this term in application to themselves, to

the exclusion of others in the profession, we stop for a moment to inquire what constitutes a "regular physician." The man who has pursued a "regular" course of study during the "regular" time prescribed by the laws of his State, attended the required number of "regular" courses of medical lectures, and has graduated at a "regularly" organized and legitimately authorized college of medicine, is a "regular physician," and nothing short, all the world to the contrary notwithstanding. The idea of an irregular physician is simply absurd, for in a legal sense he is no physician at all.

The three legally recognized schools of medicine—allopathic, homœopathic, and eclectic—embrace, so far as we are advised, all the medical *principles* upon which medical *practice* is based. The only distinction which *really* applies, by way of designation, is to the allopathic, or *old school*.

We by no means tolerate in ourselves such a spirit of bigotry and blind devotion that we are unwilling to acknowledge that either of the first two named systems have produced any good results—far from it. The inquiry most interesting to us is, what has Eclecticism done? We answer: It has fought its way through powerful opposition and made itself master of the field, which, inch by inch, has been hotly contested from the beginning.*

It has reared and put into successful operation its own colleges in the very teeth of professional and legislative opposition.

It has given to the community a body of professional literature, unequalled by any other scientific source, in so unparalleled a short space of time.

It has sent forth into community a class of practitioners who, for scientific and literary attainments, and for judgment and skill in the diagnosing and treatment of disease, will bear honorable comparison with an equal number of practitioners selected from any other school.

A school of medicine which, by its research and industry, presents to the profession remedies of genuine merit, is entitled to the thanks and respect of all other schools; but, some-

* The charters for the Worcester College and the Massachusetts Eclectic Medical Society were procured of the Legislature in the face of great opposition.

how, eclectics have been unfortunate in this respect, inasmuch as, outside of their own ranks, they not only have not received just credit for their discoveries, but have had the credit surreptitiously taken from them, without so much as the courtesy of "by your leave." Well, so be it; we can afford to be generous, for justice will be sure to be done ultimately.

Being Eclectics, we are ready and willing to receive and use any remedy which the experience of others has established as good, and to give credit to the source whence it emanated. It is but natural that we should give the preference to remedies of our own discovery, but when these fail we are ready to try others.

The remedies of the old school are very largely borrowed, having come from sources—some of them at least—which are not altogether professional; others again, have come from sources which now they would hardly be willing to recognize. Whatever they have originated which has been good they have received the full credit for, which is more than can be said of us.

We have said that the old school remedies are largely borrowed and but few have been originated. The first point we think history has established; but let us for a moment examine it.

The Egyptians used purges, emetics, enemas, ointments, baths, salt, white lead and verdigris. The Hebrews used ointments and confections, oils, saffron, myrrh, galbanum, cumin, coriander, garlic, cassia, almonds and the pomegranate. The Chinese used aromatics and gums, opium, camphor, musk, rhubarb and assafoetida. The Hindoos used alkaline caustics, leeches, astringents, emollient applications, drastic and mild purgatives, emetics, diaphoretics, baths, stimulants, sedatives and narcotics. The Greeks used ironated wine, hellebore, opium, mustard, anise, scammony, colocynth and claterium. The Romans used escharotics, and possessed a scientific system of dietetics, and had authors who wrote "concerning the degree of nutrition" possessed by different articles of diet, together with their digestibility. The Persians used the galbanum and assafoetida, they being indigenous to that country; whilst the Arabians early established medicine as a science—had their colleges and hospitals, founded dispensaries and published dispensatories.

Thus far we account for the origin of a large portion of the materia medica of the old school, but in looking farther we are enabled to account for still more of these agents, many of which, not having outgrown their usefulness, are employed to-day.

Peruvian bark came through the Indians or the Jesuits—there is some dispute which; colchicum came from the ancients through Baron Storck. Aconite and aloes from the ancients—the latter, through Dioscorides and Celsus; camphor from the Arabians; angelica from the Laplanders; castor, through Pliny and Dioscorides—and through the latter, from the ancients, came elaterium. Thoroughwort from the Indians. Fennel seed from the ancients; the male fern from the same source, through Dioscorides, Theophrastus, Pliny and Galen. Cranesbill and gillenia from the Indians, and gossypium from the Southern slaves. Ammoniacum came through Hippocrates, and assafoetida from the practitioners of the East, Persia and India. The Arabians gave us cloves; and, in 1690, the Germans gave us cascarilla; while, in 1685, the Africans of Mozambique gave us colombo. Elecampane and hellebore came from the ancients—the latter through Baron Storck—and musk from the Arabians. The moxa came from the ancient Egyptians, China and Japan. Cowhage from the inhabitants of the West Indies. Nuxvomica came to us through the Arabian physicians, and cajepu oil from the Malays. Croton oil came to us from India, through the Dutch physicians; and quassia from a negro of Surinam. Senna came from the physicians of Arabia; and pinkroot, as a vermifuge, came from the Cherokee Indians. Potassa was known to the ancient Gauls and Germans; and soda was used by the Egyptians, Greeks and Hebrews under the name of nitrum.

We might go still further in this direction, but if we did we should find but few originated medicines, and a large number of those which were borrowed are in use at the present day—many of which came from sources that would scarcely be recognized, so particular are they that remedies should come into use only in what they deem a “legitimate manner.”

Turn we now and ask, whence came this long array of alkaloïds, fluid extracts, and other agents that might be named—some

of which might be dignified by the name of specifics, and many of which are used to-day in the old school practice. Not from the ancients; nor were they handed down from the fathers. They are peculiar to the new school of practice, and to that school alone. They are the results of the skill and the indefatigable industry of that school. Now, in addition to what we have already said in reply to the question, "What have Eclectics done?" we are prepared to add that they have contributed to the healing art a greater number of efficient medical remedies than all the other schools combined. Whatever some may be disposed to say of Eclecticism, and however disparagingly they may feel disposed to speak of Eclectic, the medical profession is under greater obligations to it and them than they are at present disposed to acknowledge.

Our system is a child of the present age; over it "antiquity does not spread her dusty mantle." It has no connection with the fading splendors of past time; it belongs to the latter day glory. It brings from the past no distinguished names to maintain its claims. Opposition has been its fortune, and no kind hand was stretched out to cheer its advent.

Who does not know that a bigoted attachment to old ideas places an insurmountable obstacle in the way of medical progress?

Speaking for one, we honor the Greeks, the Romans, the Danes, the Egyptians, Hippocrates, Fuchsius, Dioscorides, Pliny, Gentius, the African, the Indian, the Allopathists, the Homœopathists, and all others who have introduced such remedies into the practice of medicine as have had a tendency to shorten disease and lengthen the tenure of human life. All of us have been benefited, more or less, by those who have gone before us, and the true Eclectic stands in the midst of the wilderness of professed remedies, selecting such as will successfully combat disease at the least expense of the constitution of the patient, and brings also the true and tried remedies which have faithfully served his brother Eclectics in every time of need.

In the immediate past medicine has made greater advances than when compared with its earlier history; but what would be the condition of the medical art to-day, had it not been for

those bold and independent thinkers who dared step out of the enchanted circle and explore for themselves?

How true is the remark, "there never was a reform commenced yet, either in politics, religion or science, that did not call out from some source the severest opposition?" Superstition is a great enemy to progress. If, in early times, any improvement on reform was proposed, an unnecessary fear took possession of the public mind, and the alarm was sounded that "the craft was in danger." Under such a state of feeling no mind was prepared to investigate the claims of any new movement, and all acted as though they believed that the readiest way to dispose of the matter was to bring all their forces to bear upon it and strangle it in its birth.

To some extent that feeling exists to-day, and indeed it would be potent were it not the case that the masses of the present are more enlightened than those of the past, and they will hear, think and act for themselves. Most persons, in the earlier days of medicine, had laid it down in their minds, as a fixed fact, that they must receive nothing as truth but what came to them bearing the sanction of what they had been taught to believe was established authority. What a check this must have put upon progressive medicine may be readily imagined; but the progress of free thought has, to a very great extent, removed this obstacle in the present day, although it is to be lamented that there are some to be found in the medical ranks, even now, who greatly desire to continue the promulgation of that doctrine.

We all know what Eclecticism is, and doubtless all are satisfied with the doctrine in which we stand. Its future prosperity is alone in our hands. It is for *us* to say whether or not it shall continue to flourish and extend its influence.

One of the very best means of advancing our cause seems to lie *here*, in *this society*. Whatever may be the condition and state of feeling of larger societies here we seem to enjoy peace. The disposition to *rule* or *do nothing* seems here to be asleep. May it never awake. The fitful fever of ambition to obtain office seems here to be quelled, and the spirit of rule or ruin, *here* at least, is exercised.

Under the present favorable auspices this society may be made a powerful instrument in promulgating our doctrines and views. This frequent interchange of fraternal greeting will do much towards our success. New things are continually arising in the experience of all of us—upon these it is edifying to hold conference.

The various phenomena of disease, the introduction of new or untried remedial agents, the treatment of epidemics, and other matters that might be mentioned, all form interesting topics of consideration, and communication face to face is highly desirable; and, aside from the acquirement of useful information from each other, another important object will be gained, which is the cultivation of fraternal feelings.

Another important element of success will be found in this: Let every genuine Eclectic take unequivocal ground before the public. The principles of Eclecticism are rapidly gaining ground in community, and it is the duty of every physician of our school to stand, publicly and privately, avowedly upon the Eclectic platform.

No evasion, no cringing or time serving should be countenanced in any man who professes to sail under our flag. Each man should be an Eclectic and nothing else, and should be too honorable and high minded to hide or deny his principles for the sake of courting the favor of any man, in or out of the medical profession.

Unanimity of sentiment and action will greatly conduce to our success. As in union there is strength, so must there be union *here*, if we would be strong and grow with a healthy rapidity. A union of sentiment must prevail. If we are united in the sentiment that Eclecticism is of vital importance to the community, that it deserves and requires our best efforts to build it up and advance its usefulness—if we are united in these sentiments, then have we gained so much towards an ultimate triumph over every obstacle to its progress. Then we are prepared to labor for its prosperity, to seek for and apply every means of advancement within our reach.

If we are determined that our system shall attain a standing as one of the greatest reformatory movements of the age, it will

be accomplished; but, corresponding to the greatness of the object must be our efforts.

Ecclecticism has in it the elements of truth and usefulness. If we desire great things let us attempt great things, and go to work nothing doubting.

"Our doubts are traitors,

And make us lose the good we oft might win, by fearing to attempt."

One of the best evidences that our practice is gaining ground is found in the fact that many of our remedies are filched from us, while the source whence they came is cautiously kept out of sight. This is unpleasant for us to know, and dishonorable in those who do it; yet, if they can cast out devils with *our* agencies, let us rejoice, although we do not get the credit of supplying the means. The time will come when we shall get credit for the good we have done, and also when *every system of medical practice must stand before the public upon its own true merits.*

PERILS OF PREMATURE BURIALS.

BY ALEXANDER WILDER, M. D.

WE remember vividly the horror produced, while yet in our boyhood, when an elder sister read from the *Utica Observer* a story entitled "Buried Alive." The person had fallen into a cataleptic condition, becoming cold and rigid while yet conscious, and was duly coffined and buried. He was exhumed by "resurrectionists," carried to a medical college, and placed on the table of the demonstrator of anatomy—a few shocks of the galvanic battery partially aroused him, and on the wounding of his breast by the knife he gave signs of life, and by proper treatment was fully resuscitated.

Ten or twelve years afterward a relative, where we were visiting, told us of having been present when the body of her son-in-law was made ready for the coffin, and perceiving, as she imagined, a warm spot on the left breast; a daughter, who was sitting by, as this was told, cried out with horror:

"Do not talk any more of it; the idea is too dreadful to think of."

But we did think over and over again of the horror of inter-

ring a living person. It was hardly probable, in the case in question, that such a thing did occur, for the body remained unburied long enough to allow of a return to consciousness. But in this country the peril of interment before death has actually taken place is often very great. For years past it has been very common for persons in supposed health to fall down suddenly, with every appearance of having died. We do not regard sudden death with horror, as it is so often painless, and exempts the person from the anxiety and other unpleasant experiences which so often accompany a lingering dissolution. But there is a fearful liability of being prostrated by catalepsy—the counterfeit of death—under such circumstances that the persons having the body in charge will not hesitate about a prompt interment.

We could wish that the old oriental practice of cremation was in fashion among us. There would be at least the comfortable reflection of no suffocation in a coffin; besides, the application of fire would generally arouse the cataleptic person to manifestation of life.

Some two years ago a story was copied into the *Rochester Democrat*, purporting to be the experience of a man in a low state of health, who was compelled to seek shelter in a deserted house in Illinois, where he fell asleep. He was found there in a cataleptic trance, and supposed to have died. In this condition he was removed and prepared for burial, conscious all the time of what was going on, but unable to utter a sound or make a sign of life. His condition was fortunately discovered before it was too late. The story may be a fiction, but it did not read like one.

We have several times repeated the story, although it is too serious for a jest, except when regarded entirely on the ludicrous side, of a woman who, while borne to the place of interment, was aroused to consciousness by the jostling of her coffin against the wall of a house, as the bearers clumsily turned the corner. She was speedily released from her cerements and conveyed home, where she lived several years longer. She fell into a decline and died; the funeral again took place and the procession set out for the grave. As it drew near to the house at the corner, the husband wiped his eyes hastily, and cried out to the bearers: "Be careful as you turn the corner."

It is, however, no topic for a jest when we consider the matter from the proper point. Persons are buried alive, and have a terrible period of agony in the coffin before death comes to their relief.

We execrate the old Roman law which authorized the magistrates to bury alive their incontinent vestal virgins. The Thracians, after the practice of India, buried widows. Amestris or Esther, queen of Xerxes of Persia, caused fourteen living children to be interred; and till lately Hindoo widows were buried or burned alive at suttees. But we, in our reckless carelessness, do as badly as they.

A writer in "*The Nineteenth Century*" informs us that at the public *mortuarie* of Paris about one in every three hundred persons supposed to be dead actually comes again to life. At that rate one hundred persons must be buried alive annually belonging to the city of New York; and here, too, not a tithe of the precautions are taken that are required in France and England.

A well-authenticated case is on record of a strong man dropping away suddenly, whose grave or tomb was opened four days after, and the body found twisted round in the coffin, and a hip dislocated, the hair turned white and torn out, and the features distorted in a horrible manner. Fearful was the struggle of that man in his ghastly conflict for life with every odds against him.

A young woman, also, beautiful in person and intellect, was buried in the usual hurry, some ten years ago. The body was afterward taken up for removal to a distant cemetery. She, too, had been engaged and worsted in her coffin in a terrible struggle for life. Her face was gashed, her hands and arms frightfully torn, her feet drawn up in a wild endeavor to extricate herself from the horrible prison, her face furrowed and lacerated by the finger-nails, so desperate had been that struggle.

A young man, in another city, was thus buried, and his grave opened six days afterward. The body had turned upon the face, the arm was bitten to the bone, and there were other evidences of the death-wrestling.

We remember that the story was told, several years ago, that

Lorenzo B. Shepard, a prominent lawyer of the city of New York, who died in the apparently full vigor of life, actually recovered after interment, and that the cloths about his face were found to be saturated with his blood. We know nothing of the accuracy of the story.

Bodies have been removed from old to new burying grounds, several of them having turned over in the coffins. Perhaps this phenomenon is produced by the mechanical force of the gases which are generated by decomposition, but who knows?

We have reflected much upon this subject, and not without much anxiety. There is actually little protection for any of us from this terrible peril. We exhaust our energies by overwork, excitement, too much fatigue of the brain, the use of tobacco, sedatives and anæsthetics, and by habits and practices which hasten the three sisters in the spinning of the fatal thread. Apoplexy, palsy, epilepsy are likely to prostrate us at any moment; and catalepsy, perhaps, is not far from any one of us. This last affection is characterized by a loss more or less complete of consciousness, with a peculiar rigidity of the muscles, causing the body and each part of it to retain the position in which it may have been at the moment of attack, or in which it may afterwards be placed. It may attack both sides of the body, one side only, or a single limb or organ. Sometimes it is preceded by signs of nervous disorder, and at other times it occurs without any previous warning symptom. Any stray emotion, any unusual or protracted intellectual exertion, great physical exhaustion, unsatiated sexual desire or excessive indulgence, the retrocession of a cutaneous eruption—in short, any thing that debilitates the system will produce this singular attack.

Of course, as with most disorders, it is occasioned in males by disorders of the digestive system, and in females with disease of the womb.

Caution should, therefore, be observed; and surfeiting, undue exposure to extreme heat or cold, overtasking the brain, excessive bathing, mental excitement, sexual aberrations, the use of tobacco or anæsthetics, unwholesome postures in bed, etc., should be carefully avoided. When a peculiar feeling of stupor is per-

ceived, the limbs "fall asleep" without apparent cause, or there is an uneasiness and rigidity of any of the muscles, with vertigo, lassitude, debility and caprice of the mind, a susceptible person should be on the alert, for there may be no time to waste. These are incipient symptoms of an attack.

The signs of total extinction of life are not so unequivocal as many suppose. Cessation of respiration and circulation cannot afford positive evidence, for the external senses are not sufficiently acute to enable us to detect either respiration or the circulation in the smallest degree compatible with mere existence. Loss of heat is not conclusive; for life may continue and recovery take place when no perceptible vital warmth exists.

It is customary in some places to cut or amputate a finger, relying on the flow or non-flowing of the blood to reveal the actual fact. Perhaps vesication would be equally sure. Heat or an irritating substance could be applied to the skin—the occurring of a blister is evidence of vitality. Fonbert proposed as a test to cut into one of the intercostal spaces and feel the heart with the finger.

Holding the fingers before a light is said to be sure—a redness being apparent in the living subject, but none in case of death.

Galvanism has been supposed to furnish a certain test. Irritability is extinguished first in the left ventricle, then in the intestines and stomach, next in the bladder, afterwards in the right ventricle, then in the œsophagus, and after that in the iris. The muscles of the trunk finally give way, the extremities and the auricles. The collapsed edge of a wound in a dead body in distinction from a gashing wound in a living one is the result of a peculiar irritability, the extinction of which is one of the surest indications of death. Flaccidity is a certain sign of death, putrefaction is unequivocal.

Belladonna or the Calabar bean applied to the eye, it is said, will sensibly affect the iris if the person is living.

The number of persons who have revived at the last moment, when about to be consigned to the coffin, is fearfully great. The number known to have been actually buried alive is already sufficient to justify extraordinary precautions in every case.

Babier collected the details of fifty-two cases of persons buried alive; of fifty-three who recovered without assistance after they were laid in their coffins, and of seventy-two falsely reported as dead.

Legislation ought to be interposed in this matter. The law should require the examination of the body by a medical man or expert before permitting its interment. When a physician has been employed he should be obliged to certify to actual death, unless the unequivocal evidences of dissolution had already appeared. Undertakers and others having charge of funerals should be compelled to ascertain that death has occurred before confining the remains.

The idea of suffocation in a coffin is more terrible than that of torture on the rack or burning at the stake. Carelessness cannot be innocent; even ignorance in such a matter is akin to crime.

A mockery is our sorrowing, our tears are little better than hypocrisy, when we neglect precautions against the terrible fate to which every one of us is thus liable.

ERYNGIUM AQUATICUM.

BY JAMES L. REAT, M. D.

THIS is a remarkable indigenous herbaceous plant, having a stem from three to six feet high generally, branching by forks, but near the top becoming trichotomous, each peduncle bearing a ball, upon which there appears a white inconspicuous flower during the month of June. The leaves resemble those of young corn, being heavier, rough and are more of a bluish green color, but are broadly linear, from one to three feet long and from one to two inches wide, with bristly spines upon their margin and one at their tip.

This plant, appearing like one of the endogens, grows luxuriantly upon our western prairies, and is known by the various names of rattlesnake's master, buttonsake root, cornsnake grass, rattlesnake weed, &c. But these provincial terms are applied to different species of *Agave*, *Liatris*, *Senega* and *Cimi-*

cifuga, having little therapeutical or botanical significance; reference being made to them here *only* to prevent confusion in the selection of the medicinal agent I am endeavoring to describe.

Authors have assigned it, at best, but a secondary place in the *Materia Medica*, and its virtues are more highly prized as a domestic remedy than as an officinal agent.

My object in writing this article is to call the attention of others to the fact that *Eryngium Aquaticum*, in my hands, has proven almost a specific in the treatment of cystitis—that peculiar form of inflammation of the bladder known by great pain in the region of that viscus, attended with fever, hard pulse, frequent and painful discharge of urine, or a suppression, and generally tenesmus; sometimes nausea, vomiting and delirium. Although the class of cases to which I have referred may differ in some particulars, yet they have symptoms in common sufficient to point out a correct diagnosis, examples of which I will give. (I might detail many others if it were necessary.)

Mrs. B., after having been treated for various uterine affections, came under my care, May 5th, 1867. Upon examination I found a red tumor at the orifice of the urinary canal, which had given rise to a very great amount of pain, and also to serious errors in her treatment. I excised the tumor, which resembled a ripe strawberry of medium size; the eschar healed kindly but the mucous membrane had become hypertrophied, and the inflammation involved the bladder. After a great number of remedies had been tested, and little or no relief obtained, the patient was placed upon the use of the *Eryngium*, with the very best results.

Mrs. C., slowly convalescing from typho-malarial fever, had painful micturition, passed a number of small renal calculi, and had almost constant tenesmus of the bladder. Other agents were used, but the *Eryngium* was the only one that gave prompt relief.

Mrs. A. had been much reduced by protracted sickness, had suffered severely from cystitis-incontinence and tenesmus, both being present and very troublesome. The *Eryngium*, given in full doses, was all that was required to effect a cure.

The best mode of administering it is in decoction.

E. G.—Two ounces of the recent root to one and a half pints of water; boil down to a pint, and strain. The dose is about two fluid ounces every three or four hours.

TUSCOLA, ILL., Dec., 1870.

THE TOPIC IN DISPUTE.

To the Editor of American Eclectic Medical Review:

SIR—In a recent number of the *London Examiner* I find this sentence, "Experience should show us that facts are less dangerous than ideas." This sentence came forcibly to mind after reading the very temperate and intelligent article in your December issue, entitled "Study upon a Topic in Dispute." The writer says in conclusion, "Nature and instinct will be sufficient to direct every choice, and obviate every risk." There is in this conclusion a full nest of furies. Away with experience, away with reason, if such is to be our guide in directing the great body of our race toward a humane and enlightened civilization. Instinct is nothing more than the smelling or snuffing out of the direction in which life is possible, under the primitive impulsion to live. It is not for this to dictate how in this day we shall live—we, who have so far transcended the primitive condition of devising the possibilities of mere life.

The writer assumes that "humanity is permanent." It may be in a few primal animal necessities and conceptions, but, in the view of the vast field which it has traversed in its development to its present state, the assertion embodies a misleading and dangerous error. Conditions which in early periods of our race might not only be tolerable, but as progressive steps be well considered highly advantageous, in this day of evenly developed humanity, are truly regarded as barbarous. A retrogression to them would, in our eyes, reduce man to a level of cruelty and sensualism where he might rank beneath the level of the original brute. All that which is noble, magnanimous and elevated in humanity is not only not permanent, but accidental. It is the product of certain fortuitous circumstances in human experience.

It is to ideas and not to instinct that we are indebted for it. Ideas potent to lead us so high are potent to precipitate us to former levels.

That women will not and cannot unsex themselves is only true in its primitive sense. Under the dominion of the ideas which at present permeate American society we see them already trying every means to avoid the one great end of sex, the true compensation of sex—the rearing and training of children to be men and women of fine character and attainments—unacknowledged, and, in the main, unknown. Our women even more than our men are the victims of narrow self-seeking aims. The idea of personal independence is disintegrating society. The marital state is incompatible with the movement women aim at under the dominion of the present philosophy. Hence the household suffers, and “our population are succumbing to the diseases which bad digestion engenders.”

JOHN ELDERKIN.

NEW YORK, *Dec. 14, 1870.*

ANSWER.

This writer seems to be pervaded with the superficial philosophy now so current, and accordingly dwells more on forms of expression than on ideas. Thus he gives “instinct” his own definition, and then seeks to degrade every deduction. Yet he is wrong right there. Instinct is a faculty of the whole being, and constitutes its impulse to be and do whatever is in harmony with its own nature. We have little transcended this or any other “primitive condition,” and our humanity is so permanent that every touch of nature proves us all akin. No idea, experience or reason that leads or attempts to lead us far away from our inherent selfhood will accomplish much, except a development of hypocrisy.

We deplore, in “this day of evenly developed humanity,” that women seek to avoid maternity. But it is an old thing, prevailing in Athens and Egypt, in India and Europe, now and from time immemorial. It exists because “experience” and “reason” have been employed to supersede instinct. Not women alone are the wrong-doers; men who sneer at pregnancy

and families of children, and esteem money more than all else, are abettors and accessories. Maternity without marriage has been made dishonorable, and with marriage is considered undesirable. That is the root of the evil.

But we deny that maternity is "the one great end of sex." Man is masculine and woman feminine for the sake of each other, "that they may be made perfect in one." They will be so in all conditions of being. No *its*, no neuters, no monks and nuns are to assemble around the throne of God. "Neither is the man without the woman, nor the woman without the man in the Lord." Connubial association is holy and exists for the uses which it enables each party to render the other. Parentage is subordinate; it is holy and should be esteemed and desired as being blessed and honorable. But we would compel it on no one. We believe in no ideal purity or unselfishness in women, exceeding that which is possessed by men; but we are perfectly willing to trust them and their instincts in the matter; only keep away the wicked demands of "society."

We are in favor of "personal independence," of self-government, and desire everything conflicting with it to be disintegrated. The marital state will not suffer by it. Where "they twain are one flesh," and "God hath joined them together" no social convulsion will tear them asunder. True connubial unity, like the service of God, is perfect freedom. It is only that which is false, superficial, incomplete, worm-eaten, that can be shaken; and it will be.

Mr. Elderkin forgets, also, that there has been a war in this country, which has consigned half a million of married and marriageable men to their graves prematurely. Half a million of women must be husbandless. They must avoid what he calls "the great end of sex," or suffer irretrievable disgrace. They must be housed and fed, either as paupers or producers. Society, as it is organized, is sure to starve and degrade them. They must acquire and assert "personal independence" for their own support. Their own hands, their own enthusiasm, their own persistence, must assure to them homes, food and freedom, and everything besides of which "society," when it armed North and South in deadly conflict, deprived them. We have never found a wel-

come, we have no part or application in any "woman's movement," but we desire earnestly the disintegration of everything that conflicts with "perfect freedom." New forms will be assumed in social life as the exigencies require. Protest as we may we have got to trust our women in this matter ; and it is wisest to do so with a good grace. . A. W.

PERISCOPE.

Prevention of Scarlet Fever.

FROM an excellent circular, now being distributed in London, we extract the following directions for the management of the sick room in scarlet fever and other contagious disorders, which, as they are of even more importance to the public than to the profession, we trust our secular contemporaries will aid us in bringing them to the notice of family readers :

Directions—1. On the first appearance of the disease the patient should be placed in a separate apartment, as near the top of the house as possible, from which all curtains, carpets, bed-hangings, and other needless articles of furniture, should be removed, and no person except the medical attendant and the nurse or mother permitted to enter the room. 2. A basin containing a solution of chloride of lime or carbolic acid should be placed near the bed for the patient to spit in. 3. A large vessel containing water, into which has been poured either Condyl's Fluid or the solution of chloride of soda or lime, should be kept in the room, and into this all the bed and body linen, as soon as it is removed from the patient, and all soiled towels, etc., should be placed ; having been kept there some time, the things may be removed and sent to the laundress. 4. Pocket handkerchiefs should not be used, but pieces of rag employed instead, for wiping the mouth and nose of the patient ; each piece, after being once used, should be immediately burned. 5. A plentiful supply of water and towels should be kept for the use of the nurse, whose hands of necessity will become soiled by the secretions of the patient ; in one hand-basin the water should be impregnated with Condyl's Fluid or Chlorides, by which the taint on the hands may be at once removed. 6. All glasses, cups, plates, or other vessels used in the sick room should be scrupulously cleansed in boiling water before being used by other persons. 7. Outside the door of the sick chamber a sheet should be sus-

pended, so as to cover the entire doorway ; this should be kept constantly wet with a solution of carbolic acid or chloride of lime. The effect of this will be to keep every other part of the house free from infection. 8. The discharges from the bowels and kidneys of the patient should be received into vessels charged with disinfectants, such as the solution of carbolic acid or chloride of lime, and immediately removed. By these means the poison thrown off from internal surfaces may be rendered inert, and deprived of the power of propagating the disease. 9. The thin skin or cuticle which peels off from the hands, face and other parts of the body in convalescent patients, is highly contagious. The plan recommended for preventing the poison from the skin being disseminated through the air is to rub oil or lard all over the skin. This practice is to commence on the fourth day after the appearance of the eruption, and to be continued every day until the patient is well enough to take a warm bath. These baths should be administered every other day for four times, when the disinfection of the skin may be regarded as complete. This, however, should not be done without first consulting the medical attendant. The foregoing directions will apply to all kinds of fever, small-pox and other contagious diseases.

Mode of Disinfecting a Sick Room.

THE patient having been removed, all linen articles, such as sheets, towels, pillow cases and body linen, are to be disinfected, as by direction No. 3. This done, the blankets, counterpanes and woollen articles of clothing are to be suspended on lines, and the mattresses and beds placed over the backs of chairs ; the furniture also is to be removed from the walls, the windows closed, and paper pasted over the crevices ; the chimney opening of the fire-place is also to be effectually stopped up. An old saucepan lid or other open iron vessel is next to be placed in the middle of the room, into which a quarter of a pound of stone brimstone, broken into pieces, is to be put ; the brimstone is then to be ignited, and the person who does it must immediately leave the apartment, close the door, and paste paper over the crevices. At the expiration of twenty-four hours the room may be entered, and the door and windows thrown open, to allow the fumes of sulphur to escape. By this process the room and everything in it may be considered to have been thoroughly disinfected.—*Medical Gazette.*

On Death from Chloroform.

(*Medical Times and Gazette*, July 23, 1870.)—In this clinical lecture Dr. B. W. Richardson claims that there are four ways in which chloroform causes death: namely, by—1. Syncopal apnoea; 2. Epileptiform syncope; 3. Paralysis of the heart; 4. The combined depression of chloroform and surgical shock.

Death from the first cause occurs within the minute after the commencement of the inhalation. By the action of the vapor on the peripheral nervous system respiration is suspended for an interval, there is accumulation of carbonic acid in the blood, irritation of the vagus, and arrest from the irritation, by virtue of the inhibitory function of the nerve, of the action of the heart.

The second class of deaths occurs in those in which the second stage of narcotism—the rigid, excited stage—is severe and prolonged. All the arteries share in the muscular excitement, and by their intense contraction force all the blood into the venous system, and hence syncope occurs from want of arterial blood.

Deaths of the third order occur only when the action of the narcotic has been slow and long continued, and has finally resulted in general muscular paralysis, in which the heart partakes.

In speaking of deaths from the combined effects of chloroform and surgical shock, Dr. R. details some curious observations made by himself upon this point. Thus, in a case of breaking up of old adhesions of the knee joint, the patient being profoundly narcotized, he noticed abrupt momentary cessation of the heart's action immediately following each effort at forcible extension of the knee, and this upon several different occasions.

In the latter part of this lecture Dr. R. speaks of the best method of resuscitating patients apparently dead from chloroform inhalation, and recommends, as the result of a large series of experiments upon animals, absolute quiet of the body, avoidance of use of electricity, and artificial respiration, kept up by means of the double acting bellows, described by him in the previous volume of the journal.

He thinks every private and public operating table ought, by all means, to be provided with one of these as a permanent fixture.—*Medical Times*.

The Use of Cannabis Indica by Smoking.

THE cigarettes of cannabis indica made by Grimault, of Paris, have been found most efficient in the treatment of affections of the

organs of respiration and circulation, no less than in affections of the central and peripheral nervous system. The unpleasant effects which so often follow the internal and subcutaneous use of opium and of cannabis indica are not produced by the cigarette. Their use is recommended—1. In spinal neuroses, chorea and epilepsy, 2. In neurosis of the sensory nerves, neuralgia of the teeth. branches of the fifth pair—the sciatic nerves. 3. Neuroses of the motor nerves, spasm of the throat and air passages. 4. Affections of the sympathetic nerves, hysteria, and other diseases not attended with plethora, and congestion of the head, heart or lungs. They are especially useful in asthma, pertussis, spasm of the stomach and intestinal canal, nervous palpitation of the heart, and exert a quieting influence over the whole nervous system.—*Allgemeine Medizinische Zeitung.*

Sulphate of Buxin as an Antiperiodic.

THE employment of sulphate of buxin has recently been recommended by Gaspare Pavia, a chemist as a febrifuge, and has been tried by Dr. Casati. He experimented on forty-five patients, twenty male and twenty-five female, the ages varying from five to sixty years. The type of the fever was tertian in twenty-five cases, quotidian in ten, quartan in five, tertian-duplex in one, and four were anomalous. The result was satisfactory in thirty-six cases, but in eight unsatisfactory. In each of the latter only two doses of the salt were administered, the patient desiring that quinine might be employed. Of this one dose removed the symptoms, showing that the buxin had modified the disease, and had it been longer persisted in would probably have effected a cure. The amount taken was equivalent to about fifteen grains, which the patient took in six or eight powders during the period of pyrexia. In one patient seven grains effected a cure, while in ten adults it was found requisite to repeat the dose in order to remove the attack. A relapse only occurred in two instances. Twenty of the thirty-six cures were immediate; in the remaining sixteen one or two slight fits were subsequently observed. The salt did not in any instance produce any injurious effects, except perhaps in one, in which the second dose produced some faintness. All intermittent cases treated were free from complications. Buxin acts like quinine, and with the same energy in moderate cases, but in severe cases quinine is preferable. Buxin is in general to be preferred to quinine on account of its superior cheapness, and is especially to be recommended in those cases in which there is some idiosyncrasy on the part of the patient rendering quinine an objectionable remedy.—*Wien Wochenblatt.*
—*Practitioner.*

The Treatment of the Insane without Mechanical Restraints.

HENRY MAUDSLEY, M. D., writing on this most interesting subject in his usual attractive style, says: "The principle of the non-restraint system, in the true acceptance of the term, is, while avoiding a meddlesome interference, to make all the surroundings of the poor lunatic as tranquil, as orderly, as gentle as may be consistent with his proper care—to counteract the commotion in him by an absence of commotion in what is around him. The lunatic cannot, any more than the sane person, resist the steady influence of his surroundings; he assimilates them unconsciously, and they modify his character for good or for evil. How little a system of mechanical restraint fulfils the conditions of the just principle of treatment is so plain that a wayfaring man, though a fool, can hardly fail to see it. An excited, active patient, urged by an uncontrollable instinct of movement, desiring and needing above all things freedom of limbs, is secured hand and foot by mechanical appliances—with what result? That he is provoked into furious mania, expends his energy in shouting and raving, and becomes dirty in his habits; dirtiness in some shape is in fact unavoidable under such circumstances. There can be no greater fallacy than that of supposing what is called a moderate use of mechanical restraint to be consistent with a general plan of treatment in other respects humane and beneficial. It must be dispensed with altogether or deterioration will ensue in the patient, and all kinds of neglect and tyranny will be engendered by degrees, until restraints become the usual substitutes for forbearance and watchful attention. . . . It is necessary that the abolition of restraint should be absolute to be efficient; the principle of the non-restraint system will admit of no compromise. It must be allowed that when called to treat an acute case of insanity in a private house it is not always so easy to do without restraint as it is in an asylum, where there are suitable appliances for meeting the difficulties which the excitement and violence of a patient may present; but if a medical man finds it absolutely necessary to employ mechanical restraint, he should, if he has the welfare of his patient at heart, send him elsewhere; for either it is not a fit case for private treatment, or he is without the requisite assistance and qualifications for treating it properly. . . . I do not hesitate to express a strong personal conviction that the use of mechanical restraint in any asylum, public or private, is an indication of a badly managed institution, and that its use in the treatment of private cases is unnecessary and prejudicial. Where it is entirely dispensed with there will be less excitement, fewer scenes of vio-

lence, less need of secluding patients, and earlier and more numerous recoveries than where it is in use ; for it is not only an evil itself, but it is the fruitful parent of a multitude of ills, not the least of which is the certain deterioration of all who have any part in its employment, whether suffering or doing." —*American Practitioner.*

Rules for the Use of Raw Meat in Consumption.

As long as pulmonary consumption has not reached its last stages, and that the lungs are not already in a complete state of disorganization, there must be no hesitation in making use of all the most reasonable means of cure, as it has been proved by *post-mortem* examinations that many patients have yet been restored to health in tubercular consumption where considerable parts of the lungs have been already destroyed—those parts showing the remaining cavities. Fresh raw meat has been lately highly recommended, and actually used in consumption with considerable success, when faithfully and persistently carried out.

Some recommend the exclusive use of raw meat as a diet, without any medication whatever; others state that raw flesh and brandy act with surprising rapidity in restoring consumptives and other debilitated patients to health and vigor, in the short space of one month or six weeks, by arresting the hectic fever, the diarrhoea and night sweats ; the patient, besides, gaining in flesh and weight, and the weak stomach recovering appetite.*

Medical men of considerable experience discard the use of chemically prepared meat compounds, and recommend simple raw meat, freshly prepared for daily use, as the most economical and the most palatable and efficacious. The manner how raw meat is to be used is as follows :

Fresh raw meat best adapted to the purpose is the fillet of beef, or the centre part of mutton chops. The meat must be lean, finely minced, then salted to taste, and eaten at meal times, either as it is, or spread between two thin slices of bread. This fresh raw meat, prepared as mentioned, must be used exclusively of any other meat, and continued so until after all the symptoms of disease have fairly disappeared.

For adults, begin with two ounces, three times a day for the

* The so-called Raw Meat and Brandy treatment in phthisis, as recommended by Dr. M. Fuster, of the French Academy of Science, in Paris, consists in the administration of the following beverage :

Take three ounces of alcohol, of 20 degrees Baumé, or good brandy (if to be had pure), and mix with nine ounces of sweetened water, and give it in teaspoonful doses, from hour to hour during the day. The proportion of alcohol and the interval between the doses should be varied according to the susceptibility of the patient.

first week, increasing it to three ounces at the second week, and to five ounces at the third week, keeping on with those doses three times a day until the beneficial effects become apparent, which will usually be the case in from two to four weeks, and in a few months longer the patients will find, if persisting in its use, their emaciated constitutions restored to a state of perfect and robust health.

When administered to children we must pay particular attention, in preparing the meat, to have the fresh raw meat minced very finely. In delicate children we may free the meat first from fat, and then scrape it with a knife so as to obtain the pulp. When children don't like to take it seasoned with salt it may be rolled in sugar, when they usually take it readily; most children, once used to it, commonly eat it even with pleasure. The dose for smaller children is from one to two teaspoonfuls, three or four times a day, gradually increased to three, four and six teaspoonfuls three times a day.

For older children we may begin with ounce three times a day, and increase the dose to two, three and four ounces three times a day gradually. At the end of a month or six weeks after they have recovered their good looks, plumpness and spirits, the quantity of the meat may be gradually decreased, so as to reduce the dose to three or four times daily.

It is to be remembered that, in the raw meat cure, no other additional food is wanted for young children except milk or milk and water for a drink; or, if afflicted with bowel complaints, the white of an egg dissolved in a pint of sweetened water as a beverage during the day. Raw meat in itself is highly nutritious, and easily digested and assimilated; many cases are reported by eminent physicians of its efficacy in cases of dysentery, diarrhœa, and extreme debility of children.

In chronic diarrhœa of children, in particular that which so often sets in soon after the weaning of children, usually taking place two or three weeks after that event, the raw meat cure is of incalculable advantage in that most obstinate and often fatal disease. In all such cases nothing is more effectual and sure to effect a cure than the raw meat treatment; but it should be strictly observed that it must be used to the exclusion of any other nourishment; all that may be allowed is egg water as a drink, and we will see the most desperate case get well after the lapse of a few weeks' time.

In older children the additional food must be light, no other meat but raw minced meat, and for a drink milk; and if they are craving for tea and coffee they may have some, but with a good deal of milk in it; but it will be found better to avoid them altogether.

The same rules hold good for adults; no other meat as food except raw oysters—of which, when in season, they may partake occasionally, as a change, but not exceeding from nine to twelve oysters a day, or say from three to four at meal times. When adults should think it necessary to have some additional food, then let it be light and easy of digestion, so that over feeding is strictly avoided. The raw meat is, with very little extra food, usually enough to furnish the required nourishment to the constitution, and to make up the waste produced by diseased blood on the system. To persons of very delicate stomachs it is advisable to abstain from any other food but the raw meat in the beginning, until their digestive functions are restored to a healthy action.

Not only has the raw meat cure been found to be a valuable remedy in consumption and throat affections, but also in anæmia, marasmus, great loss of blood, spermatorrhœa, whites, lientary, chronic diarrhœa, general nervous prostration, and the exhausted vitality remaining after typhoid fevers.—*Translated from the Archives Générales de Médecine.*—*Druggist's Circular.*

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

Transactions of the Eclectic Medical Society of the State of New York, for 1870.

THE Annual Report of the Eclectic Medical Society of the State of New York, for 1870, is now printed and in the hands of the binder. It is a larger volume than heretofore, and contains about 860 pages. The index has been carefully prepared, and adds greatly to the value of the book.

The work of editing the volume has been performed by the president of the society. He has done what his judgment dictated in the way of making the work acceptable, valuable, and a creditable literary production. Many of the articles have been written over or modified so as to express concisely and accurately the meaning of the writer, and he expresses the belief that, in this respect, it will compare favorably with the reports of the State and Homœopathic State Medical Societies. Too much stress can hardly be laid upon this matter. Eclectic Medicine, as a school, emanated from the people, and its practitioners, like the first apostles of Jesus, have to combat the erudition, casuistry and superciliousness of rivals, who know books and theories better than they do the proper methods of treating the sick. While we should, as we do, make the latter idea paramount, we have no right, and will be foolish beyond measure not to occupy the field in which our adversaries have been so long in undisturbed possession.

In the fourth volume of the Transactions of our State Society will be found the constitution and charter of the State Society, the by-laws

and code of ethics, and the list of members; the reports of the annual and semi-annual meetings; the addresses delivered at those meetings by Drs. Wilder and Comins; the reports of auxiliary societies and institutions under the management of Eclectic physicians; the historical record of the Eclectic Medical Society of the State of New York; the charter and history of the Eclectic Medical College of the City of New York; a treatise on Reformed Medicine and its conflicts by the late Dr. Lyman Stanton; report of Drs. Freeman and Parsons on medical instruction; a paper on cancer, to show its curability; papers on parturition and the ailments of the uterus, by Dr. H. E. Firth; fistula, a case of strangulated inguinal hernia, by Prof. E. Freeman; tetanus, by Dr. J. Morrison; hemorrhoids, by Dr. H. C. Cooper; report on surgery, by Dr. M. M. Fenner; treatise on epilepsy, by Dr. Fenner; papers on Asiatic cholera, by Drs. O. E. Newton, E. Freeman, W. L. Sutton and D. E. Smith; essays on diphtheritis, by Drs. D. E. Smith and C. W. Bates; papers on scarlatina, by Drs. J. Y. Tuthill and H. E. Firth; treatise on tubercle, by Prof. Freeman; a paper on croup, by Prof. J. M. Comins; a treatise on fever and febrifuges, by Dr. Joseph R. Buchanan; papers on spotted fever, by Drs. L. Stanton and J. M. Comins; a treatise on typhoid fever, by Dr. James Fenner; a paper on menorrhagia, by Dr. N. F. Marsh; an essay on hysteria, by Dr. J. Morrison; a paper on hysterical paraplegia, by Dr. H. C. Cooper; an essay on puerperal convulsions, by Dr. A. B. Whitney; an essay on irritation of the cardiac nerves, by Dr. M. M. Fenner; an essay on chronic peritonitis, by Dr. N. F. Marsh; a paper on dropsy, by Dr. M. Hermance; report on improvements in medical practice, by Dr. L. Robens; report on *materia medica*, by Drs. D. E. Smith and J. A. Martin; a treatise on mercury, antimony, lead and arsenic, by Prof. Freeman; papers on *pulsatilla*, by Dr. A. P. Parsons; *apocynum*, by Dr. H. C. Taylor; *phytolacca*, by Dr. W. W. Hadley; *dioscorea villosa*, by Dr. D. E. Smith; *cactus*, by Dr. J. Buchanan; *baptisia*, by Dr. A. T. Nivison; *veratrum viride*, by Dr. Maria B. Hayden; papers by Prof. J. M. Sanders, on modern synthetic chemistry and heat and its correlatives; by Dr. Thos. R. Fraser, on magnetism as nature's primary force, and on atomic force; by A. Wilder, on psychological medicine, man and woman, and the remarkable case of Sophia Gantz; by Prof. J. M. F. Browne, on the blood and the bile; by Dr. W. B. Powell, on physiological marriage; a paper by Dr. D. White, on longevity as an aid in prognosis; a treatise on Onanism, by Prof. Comins; an essay on medical reform, by Dr. M. L. Wilbur; a paper on medical eclecticism, by Dr. J. Arnold; doctors' pay, by Dr. G. W. King; the progress of freedom, by D. J. G. Fross; capillary excitation in treating the sick, or invalid experiences, part I. and II., by Dr. Orin Davis; the new school of medicine, by A. Wilder; biographical sketches of Dr. Lyman Stanton and of W. Byrd Powell, by Dr. R. S. Newton, etc., etc.

The Transactions will be ready for distribution at the annual meeting.

EDITORIAL.

THE ANNUAL MEETING.

THE ninth annual meeting of the Eclectic Medical Society of the State of New York will take place at the city of Albany on Wednesday and Thursday, the 25th and 26th of January, 1871. The place of convening will probably be the City Hall.

The status of our Society and School of Medicine before the public, depends very largely upon the members present at these meetings and the interest displayed. We have, after a long struggle, obtained a charter and equal rights before the law. Our adversaries cannot apply to us ribaldrous epithets, without rendering themselves liable for damages in a suit at law as common slanderers. But there remains much to be accomplished. We must add to our contributions to science, to the excellence of our literature, to the number of our practitioners, if we would not be a sect that is everywhere spoken against. It is therefore of the first importance that our annual meetings shall be well attended.

Let there be a full attendance at our annual convocation. It is essential to our growth, our mutual improvement, our moral health. We may encourage each other, strengthen each other's hands. Our school of medicine is not stationary but progressive; it is liberal, proscribing only noxious medication; it is scientific, placing all the realms of nature in requisition to contribute to its resources. We have taught our rivals to do without the lancet, to give water and fresh air freely to fevered patients, to use organic in preference to noxious inorganic substances as medicines, and the stones which they have gathered to hurl at us will yet be employed by them to erect our cairns and monuments. The Chinese wall which they had built about them we have broken through; and we shall yet possess their land. But to do this we must strengthen ourselves, increase our numbers, and add to our scientific attainments. Our bonds of association must be drawn more closely together.

We, therefore, would impress more fervidly upon our practitioners the importance of making a full rally at Albany. Politicians understand these things, for they are wise in their generation. Let us acquire their sagacity, and determine to gain for ourselves the power and importance in our profession which belongs to the advance guard.

The following are the appointments for the next annual meeting:

Essayists.—Drs. J. G. Fross, J. E. Danelson, M. M. Fenner, H. C. Taylor, Orin Davis, O. H. Simons, B. F. Chapman.

Surgery.—Drs. Edwin Freeman, J. N. Betts, J. H. Fitch.

Obstetrics.—Drs. H. E. Firth, J. M. Comins, Robert Hamilton.

Medical Hygiene.—Drs. J. E. Danelson, Harman Pease, O. L. Southworth.

Materia Medica.—Drs. L. Stanton, Wm. R. Hayden, A. W. Russell.

Theory and Practice of Medicine.—Drs. M. B. Hayden, D. E. Smith and G. H. Preston.

Chemistry and Pharmacy.—Drs. R. E. Kunze, Wm. B. Warner, J. Y. Tuthill.

Progress of Eclectic Medicine.—Drs. B. J. Aylworth, C. C. Johnson and J. E. Lawrence.

Medical Instruction and Eclectic Medical Institutions.—Drs. Paul W. Allen, C. S. Totman, R. J. Burton.

Medical Statistics.—Drs. Wm. Jones, Samuel Tuthill and R. P. Crandall.

National Convention.—Drs. R. S. Newton, J. M. F. Browne and P. A. Morrow.

Scrofula, and its Agency in the Production of Idiocy.—Drs. Alexander Wilder, M. B. Hayden and L. Robens.

IS THE MISSION OF ECLECTICS COMPLETED?

THE purpose of the founders of the New School of medicine was a complete revolution in medical practice in this country. They established Eclectic Medical Colleges, Eclectic Medical Societies, State, Local, and National, and an extensive professional literature. They procured the repeal of every proscriptive law in every State relating to medical practice. They also secured a national recognition.

They have spent more than a million of dollars in these labors and in publications which have been disseminated throughout the country, educating the public mind to the great importance of understanding the questions in controversy, dogmas and errors of the Old School, and the brighter future promised by the New School of medicine. This has resulted to a great extent in the accomplishment of the object originally had in view by the founders of the Eclectic School and their associates. Many of the more intelligent and liberal minded men of the Old School have virtually become reformers, have abandoned the use of those agents, to discard which is one of the cardinal

principles of Eclecticism. But many are not yet so reformed, and they persist in pursuing a practice which is, or ought to be, considered entirely obsolete. As long as this fact exists we cannot see how any genuine intelligent Eclectic reformer can feel that the work of Eclecticism is fulfilled.

The mission of the Eclectic School of Medicine was enunciated by T. V. Morrow, M. D., its distinguished founder, in the following words :

" We, of the Eclectic School of Medicine, have declared a war of extermination against the abuses of the old school, and have pledged our lives, our honors and our fortunes, never to cease our efforts until we shall have accomplished the desired reformation, not only in the practice of medicine, but in the pervading spirit of the fraternity.

" We have come up to this work with the deliberate purpose and unyielding determination to bear aloft the proud and glorious banner of Eclectic Medical Reform, to roll back that desolating deluge of prejudice, aristocracy, and tyranny of opinion, which for ages past have exercised an unwarrantable control over the fortunes and prospects of medical science, drying up the sources of its prosperity and progression, until it has been, by common consent, placed far in the rear of most other enterprises of the day. Against this state of things we shall continue to exert our utmost efforts, until the true spirit of medical progress shall once more reign triumphant and order shall again be restored. Then medical men will meet like a band of brothers, notwithstanding the existence of differences of opinion among them touching the doctrines and practice of their profession ; then, unlike now, they will be prepared to extend to each other the common courtesies of refined and civilized life, even though there may be irreconcilable differences in their medical views and opinions."

In looking over the current medical literature of the present time, we perceive that calomel, arsenic, antimony and lead, are largely prescribed as therapeutic agents, and frequently blood-letting is still employed. This shows conclusively that the time to cease efforts has not arrived. While so many are to be found in the Old School who have entirely abandoned the use of these remedies, have we not a right to call upon every sympathiser in the cause of reform, of all schools of medicine, for a cordial coöperation, especially upon every true and genuine Eclectic, to define his position unequivocally, and to stand with the foremost in the ranks of medical reformers ?

They are not without sometimes fair competent authority within their own ranks. Professor N. Chapman, of the University of Pennsylvania, who occupied the chair of materia medica and therapeutics in that institution, after having practised his profession for over fifty years, most of which time having been a lecturer in that college, expressed himself very strongly in regard to the use of mercury as a medicine; and his views, as expressed in the following extract, have been fully sustained by thousands and thousands of the most able and intelligent men of the age.

"If you could see what I almost daily see, in my private practice, persons from the South, in the very last stage of a miserable existence, emaciated to a skeleton, with both plates of the skull almost completely perforated in many places, the nose half gone, with rotten jaws and ulcerated throats, with breaths more pestiferous than the poisonous Bohon Upas, with limbs racked with the pains of the Inquisition, minds as imbecile as the puling babe, a grievous burthen to themselves and a disgusting spectacle to the world, you would exclaim, as I have often done, 'O the lamentable ignorance which dictates the use (as medicine) of the noxious drug calomel.' It is a disgraceful reproach to the profession of medicine; it is quackery—horrid, unwarrantable and murderous quackery. What merit do physicians flatter themselves they possess by being able to salivate a patient? Cannot the veriest fool in Christendom give calomel and salivate? But I will ask another question: Who is there to stop the career of calomel when once it has taken the reins into its own possession? He who resigns the fate of his patient to calomel is a vile enemy to the sick, and if he has a tolerable practice, will in a single season lay the foundation for a good business for life, for he will ever afterwards have enough to do to stop the mercurial breaches in the constitutions of his dilapidated patients. He has thrown himself in close contact with Death, and will have to fight him at arms-length as long as one of his patients maintains a miserable existence."

THE "CODE OF ETHICS."

In a recent number of the *Medical and Surgical Reporter*, the editor calls attention to the rules and regulations which govern the profession in Canada. It would appear that the "College of Physicians and Surgeons of Ontario" constitutes the Central Examining and Sole Licensing Board in the province. All applicants for licenses to practice must be examined by this Board, which is elected annually, and con-

sists of twelve members, of whom eight are of the general profession, two homœopathic, and two are Eclectic practitioners.

Having given satisfactory evidence before the General Board of Examiners of proficiency in the prescribed departments, the candidate may then choose whether he will be registered as a "regular," a homœopathic, or an Eclectic practitioner. The editor says "they do not have quite so much talk about a code of ethics there as we do, because there is none written, the ordinary principles of honor among gentlemen having, we believe, been found sufficient there to answer the purpose."

"By this system of examinations the country secures educated physicians, even if they are homœopathists or Eclectics, and we confidently avow our belief that the patient is better off in the hands of a well educated 'irregular' practitioner, than in those of an ignorant one, though he may be regular, heretical as such a sentiment may seem."

The editor of the *Reporter* has not attempted to lead professional sentiment, yet he follows closely in its wake. This journal has never been considered a correct exponent of the opinions of the more liberal and progressive portion of the profession, yet the sentiments above expressed, so radically different from the well known illiberality of the editor, are significant, inasmuch as they may be accepted as an indication that more enlightened and sensible views are beginning to prevail among the entire mass of the medical profession. The "Code of Ethics" has, by common consent, signally failed in the purposes for which it was instituted, and there is an evident and growing conviction in the minds of the profession, that it were better it were abolished altogether, and medical men be governed by those principles of honor and courtesy which prevail among cultivated and well-bred men in other walks in life.

The murmurs of dissatisfaction which are heard from all quarters, and which not even the threats of professional ostracism can repress, threaten soon to break into an open revolt. Already many of the more progressive and independent of the profession are outspoken and severe in their denunciation of a Procrustean code, which fetters them in thought, limits them in action, robs them of their manhood and independence, and, by its absurd and puerile restrictions, insults their gentlemanly instincts. What, for instance, can be more illiberal than the ordinance in regard to consultation with *irregular* practitioners. In this sweeping category of irregular practitioners are included men who have graduated from legally chartered institutions, men who

have devoted years to the study of their profession, and who have demonstrated by their eminent success in practice their superior abilities; and yet, in a case where human life is at stake, under circumstances where all petty distinctions of creed or school should be forgotten, they are forbidden to unite their skill in alleviating suffering and curing disease. Such party bigotry is a disgrace to the age in which we live; it is a disgrace to humanity. We contemplate the fact with a sort of incredulous wonder that a code of ethics so illiberal in its spirit—so unjust in its operations—so opposed to common sense as well as common humanity—should have been so long tolerated by a large body of cultivated and intelligent men, and we hail with pleasure the indications, everywhere apparent, that it will soon be modified to accord with the liberalizing tendencies of the day, or abolished altogether.

COFFEE, TEA AND COCOA AS FOOD.

THE dogma of dietetic reformers that tea and coffee are pure stimulants, and therefore deleterious as articles of diet, may be regarded as pretty thoroughly exploded. It was always rejected by the universal consciousness of mankind, although scientific reasons had not been adduced. Indeed, it may be generally set down as conclusive when a habit or article of diet is adopted by general consent that for some reason it is beneficial, and probably necessary.

We remember reading in *The Eclectic*, in the early part of 1844, a paragraph, to the effect that tea and coffee were nutritious, and even more so than soup. At that time we had had little experience in the world, and did not know that soup was the meagre, watery abomination that it generally is. A few years after, Johnson wrote his *Chemistry*, showing how tea, coffee and cocoa diminished the friction of the several functions of the body and reduced the waste, thus obviating the necessity if not taking the place of a certain amount of nourishment. This, however, was rather poor logic, for arsenic does the same thing more perfectly still, but does not thereby prolong life.

Enquiring men, however, made observations, some of which were to good purpose. Twenty years ago it was noticed that Belgian miners did more work than French, but consumed far less food. They drank coffee freely—often almost two quarts a day. But there was a general refusal to believe that the coffee made the difference. In 1860, a well known physician in Smyrna and another in France

experimented on themselves. Both confirmed the declaration that coffee is good. The latter extended his investigations to tea and cocoa, and ascertained that their use was attended by equal advantage. A daily ration was compounded of about an ounce and a quarter in weight, on which a man, it was asserted, could thrive for many months without requiring other food. The recipe was as follows: Cocoa, in powder, ten parts; coffee and sugar, each, five; tea, two. The amount used can be infused in water, or the coffee and sugar may be eaten if preferred. Animals can subsist on it as well as human beings. A dog lived well for a week on a daily ration of it, while another famished on a corresponding allowance of bread and butter.

Chemists are aware that caffeine, theine, and theobromine, which are procured from coffee, tea and cocoa, are very similar in their elements, whatever diversity exists being due to their organic differences. This demonstrates a close resemblance in important properties, and, indeed, human instinct has led to the use of the three articles, coffee, tea and cocoa in like methods and for similar purposes.

Coffee seems to have become the food of the studious. Voltaire kept his coffee-pot almost constantly on the fire; so did Emanuel Swedenborg, who drank the beverage made very sweet with sugar. It makes the brain clear and strengthens it for labor; it purifies the blood from effete matter, alcohol, and other noxious elements, and adds to the volume of the life. Thinking, rather than loquacity, ensues from its use; thus differing from tea, which frequently seems to remove the bridle from the tongue, not to add—the sentinel from the judgment.

It is certain that the peoples using coffee and tea are not shorter-lived than others; and as the concurring instinct of the more intellectual races of mankind has led to the use of those articles of diet, we are of the conviction that there is abundant reason for it, whether we know or do not know exactly what it is. Perhaps the Arabian poet was not altogether uninspired when, in praising coffee as a beverage, he declared, "Those who drink it Allah loves."

WOMEN AND HOMŒOPATHY IN BROOKLYN.

THE Homœopathic Medical Society of the County of Kings appears to have been shaken to pieces by the endeavor to introduce a female physician among its members. In April last, Mrs. Alice B. Campbell, of Williamsburg, a graduate of one of the colleges of this city, was proposed as a candidate by Dr. Wright, at the meeting in April,

1870. The President, Dr. J. B. Elliott, deferred a reference of the application till the next monthly meeting.

By this time the matter had elicited discussion; and, at the meeting in May, several members not usually present at meetings were on hand to resist the admission of Mrs. Campbell. Drs. Keep, Aten and Bryant were particularly active. The President again suggested the postponing of the election of new members till a subsequent meeting, and so the matter was passed over. The election of officers of the Society was in order, and a committee was appointed to make nominations. In the meanwhile, it was proposed to take up the business of admission of new members. Two physicians, Mrs. Campbell and Dr. Bennett, were proposed, and the credentials of the former referred to the censors of the society, who reported verbally in favor of her election. She received thirteen affirmative and five negative votes; and immediately paying her fees, she took her seat as a member. Dr. Bennett was also elected.

At the September meeting a resolution was adopted by a small majority declaring Mrs. Campbell's election illegal, and directing her name to be struck from the roll. She refused to acknowledge the validity of the action, or to receive back the initiation fee which she had paid in May. A few weeks afterwards she obtained from the Supreme Court of the Second Judicial District of this State a writ of mandamus, directing the Society to accept her as a member, or show a cause for not so doing. It was served on the President on Thanksgiving day, and he called a special meeting of the Society.

At the meeting it was held by one faction that the law makes it obligatory for every physician, old school, homœopathic or eclectic, to belong to the county or district society of his school of practice. This law applies to women as well as to men. The society is obliged to receive them, unless they are of immoral character. The permission of a diploma is evidence on its face, behind which no one can go.

But the opposition was in full force, and the question of obeying the mandamus received a vote equally divided—12 to 12. The apprehension of a lawsuit, however, led one man to change his vote to the affirmative, and Mrs. Campbell was reinstated.

The defeated party did not let the matter rest. At the regular meeting in December, twenty-eight members resigned their positions in the Society, and organized anew. Twenty-three remained with the old organization.

The seceders assert that they have made no issue on the ques-

tion of sex, but in regard to the validity of Mrs. Campbell's election. But as no important rule was violated the point is hardly tenable, and those who make it probably know as much. The question cannot be disguised with such transparent gauze. It is the woman that all the trouble is about.

DOCTOR LYMAN STANTON.

It becomes incumbent upon us to inform the readers of *THE REVIEW*, of the death of Dr. Lyman Stanton, which took place at his residence, in the village of Copenhagen, Lewis County, on the 24th of November, 1870. His complaint was congestion of the lungs. The event is a loss to the cause of medical reform in this State. For a third of a century he had been the leading champion of our cause in Northern New York. He possessed great energy, public spirit, earnestness and discretion. He was a reformer from the outset of his career, positive in his convictions, and untiring in his exertions to disseminate them. In other associations he would have achieved eminence and general popularity; but he preferred to be right.

Lyman Stanton was born at Russia, in Herkimer County, July 21st, 1814. He studied medicine with Dr. Rose, of Schoharie, and supported himself by teaching district schools while preparing for his profession. He was married to Miss Jemima Topping, of Schoharie County, in 1836, and began the practice of medicine first at home, but some time afterwards removed to Rutland, in Jefferson County, where he won an excellent reputation as a physician. In 1842 he changed his residence to Denmark, and remained at Copenhagen till the time of his death. Mrs. Stanton died in 1844, and two years afterwards he married Miss Emily Cottrell.

As he himself declared, his warfare against the abuses of the old practice was uncompromising. The laws of the State made it a penal offence, punishable by fine and imprisonment, for a person without a diploma or license from a "regular" medical college or society to practice medicine or prescribe for the sick or to receive pay for services actually rendered. Such legislation was barbarous as any ever done in the dark ages, and was unconstitutional besides; but "regular physicians" have little regard for such trifles.

Dr. Stanton went from place to place with petitions asking for the repeal of the unjust laws. From 1828 till 1833 no less than 100,000 persons had signed them. The legislature heard them, but

only to abolish the penalty. After this period the number rapidly increased; and in 1844, Dr. Mattock, of Troy, unrolled in the Assembly Chamber, at Albany, a petition one hundred and fifty feet in length. It was enough. The voice of the people was heeded and the obnoxious laws repealed. Few men that were in the movement had been so active as Dr. Stanton.

He was an organizer and always leading the advance. Under his auspices the Jefferson County Reformed Medical Society was established, and it is in effective operation at this time. He was also prominent in the New York State Association of Reformed Physicians, and took the lead as President of that body in calling the Convention which met in 1863, and formed the present Eclectic Medical Society of the State of New York. The new organization brought new men forward, but Dr. Stanton retained his prominent position. In 1867 he was elected Vice-President. Under his influence the reformed physicians of Jefferson and Lewis counties had organized the Eclectic Medical Society of the Eighteenth Senatorial District. Of this society he was President, and its reports show that it is an effective body, embracing many of our ablest practitioners.

Few men exercised a stronger influence than Dr. Stanton wherever he labored. He was an advocate of temperance, a hater of slavery, and urgent in securing local and public improvements. Copenhagen has lost one of her best inhabitants. He was deeply religious, and an active member of the Methodist Episcopal Church. Lyman Stanton was respected and beloved wherever he was known. "This day a great man has fallen."

THE ECLECTIC MEDICAL ASSOCIATION OF GREAT BRITAIN.

THE doctrines of the new school of medicine are taking deep root in Great Britain. More than a hundred and fifty practitioners have embraced them, and a national organization has been for four years in successful operation under the title of "The British Eclectic Medical Reform Association." At its meeting for 1869 the following persons were chosen its officers: President—Dr. J. H. Blunt, of Northampton; Vice-President—Dr. Thomas Stowell, of Brighton; Treasurer—Dr. J. H. White, of Leeds; Secretary—Dr. J. F. Payne, of Leeds. Dr. Payne was a former President, also Dr. Dennis Turnbull, of Cheltenham, senior editor of "*The New Era of Eclecticism*," the journal of the Association.

The last annual conference was held at Leicester, on the 7th and 8th of July, 1870. We have not the particulars of the session at hand. There were about thirty candidates for graduation, who were examined by the Council of the Society on the first day. The meeting of the Association took place on the 7th, at Temperance Hall. In the evening a discussion took place upon "The Medical Aspects of the Age," and Vice-President Stowell, President Blunt, Dr. Skelton, of Plymouth, Dr. Parkinson, of Oldhouse, Dr. Thomas, of Newcastle-upon-Tyne, past President Turnbull and others, delivered addresses.

Books of subscription have been in circulation under the auspices of the Association to obtain money for the endowment of a hospital to be in the charge of eclectic practitioners, and our transatlantic brethren bid fair to anticipate us in the taking of this step. This is greatly to their credit, but it reflects little honor upon this country, where eclectic medicine was born and swaddled.

"*The New Era of Eclecticism*" has just completed its first year; Dr. Turnbull, of Cheltenham, is its editor. It is ably conducted, but takes more radical ground than would be acceptable to a large part of the eclectic physicians of America. It takes for its watchword "Positive Organic Medicine," dropping entirely the employment of minerals as remedies, assailing the use of ether and chloroform in surgery as largely increasing the rate of mortality in operations, and denouncing vaccination as an outrage upon the known laws of health and physiology, failing to protect the system against small pox, but adding to the risks from other diseases. American eclectics are approximating in several particulars to the same convictions, but there is no uniformity of sentiment. In due time, however, we will all see eye to eye.

In Great Britain all licensed practitioners are enrolled in the "Medical Register." Those physicians not there recorded are without the pale of authority. There being no institution in that country to instruct in eclectic medicine, our *confreres* over the water must either enter the colleges of the old school, or content themselves with instruction from private tutors. The "Eclectic Medical Reform Association" will grant them their diploma, but this, we believe, does not warrant them a place in the "Medical Register." It may be proper to remark that in England the old school practitioners are as bigoted, as implacable, as mean and ungenerous as we too often find them here. Hence the lines of demarkation are strictly drawn, and those embracing eclectic doctrines are eclectics in right earnest.

FEMALE MEDICAL EDUCATION AND ITS FRIENDS.

THE education of women in the science and art of medicine was first advocated by the Eclectic Medical Institute of Cincinnati. As long ago as 1851 this institution opened wide its portals to women. Many of its graduates now occupy influential positions, and have demonstrated by their abundant success, their capabilities as practitioners. In the present class of the Eclectic Medical College of the City of New York, there are about twenty female students in attendance. We are glad to chronicle the fact that, since the Eclectic School of Medicine has fully demonstrated that women can be educated in medicine, and make successful practitioners, schools especially for their education have been established, and, with the facilities afforded by our hospitals, women are now furnished with the finest advantages for acquiring a thorough and complete medical education. Prominent among the friends of female medical education in this city, Mrs. R. B. Connolly deserves honorable mention. From the beginning of the enterprise she has been one of its most cordial sympathizers and most generous supporters. Chiefly through her instrumentality, the "Women's Medical College" of this city has been placed on its present successful and permanent basis.

ACUPUNCTURE TREATMENT OF DISEASE.

WE have used Dr. A. R. Brown's acupuncture instrument in many cases with decided benefit. In the last few weeks a large number of these instruments have been sold in this city. This indicates that the endermic method of treatment is becoming better understood and more generally adopted. Three sets of these instruments, accompanied with a full supply of the fluids and books, have been sent to Europe within a few days past, to fill an order sent by a physician who had ordered one a few months since. We have no doubt but that in time this instrument will take the place of the irritating plaster to a great extent, as used by Eclectic physicians, and the blister plaster as used by the old school.

A NEW DRUG HOUSE.

WE understand that in a short time there will be established in this city an Eclectic Drug House, for the purpose of manufacturing and dealing in all kinds of medicines specially used by the Eclectic profession.

PROF. R. G. BARHAM.

WE are sorry to learn that in consequence of the severe illness of Prof. Barham, he has been compelled to return to his home in North Carolina, he having found that his health would not permit of his remaining in this climate during the balance of the season.

Prof. R. S. Newton, in addition to the filling of his regular department, will complete the course for Dr. Barham on materia medica and therapeutics. The doctor's familiarity with this subject will enable him, no doubt, to give general satisfaction.

THE ECLECTIC LIFE INSURANCE CO. OF NEW YORK.

OVER four thousand policies have been issued by this company, carrying a risk of over seven millions of dollars.

TO OUR SUBSCRIBERS.

WE inclose notices of subscription due to all subscribers in arrears who did not receive them last month. We again most respectfully urge that those who have not sent in their subscriptions for the present volume will do so at once. A journal of the style and cost of the REVIEW cannot be furnished at the exceeding low price of \$2 without prompt payments.

We would further ask subscribers to use efforts in extending the circulation of the REVIEW. If each subscriber would send, with his own subscription, a new one, our mail list would be doubled, and we would be enabled to furnish a more valuable journal, both in matter and size.

NEWS AND MISCELLANY.

BROOKLYN ACADEMY OF ECLECTIC MEDICINE.

(Reported by H. E. FIRTH, Sec'y.)

THE Brooklyn Academy of Eclectic Medicine held their regular monthly meeting at 232 Myrtle avenue, November 4th, 1870, H. S. Firth, President *pro tem.* in the chair.

The minutes of the previous meeting were read and approved.

The Committee on Dispensary reported that the number of patients who received treatment during the month of October exceeds twelve hundred.

Dr. Henry S. Firth read a very interesting paper upon the subject of pleurisy. After describing the usual means of diagnosis by physicians.

cal signs, and otherwise, and defining the nature and pathological character of pleurisy, he proceeded to discuss the treatment of the disease. He prefaced his views of treatment by remarking "that, as representatives of the new school of medicine, we will be judged not so much by our theories as by our success in treating our patients. The essayist drew a striking comparison between the plan adopted by the old school twenty years ago and that pursued by the Eclectic and progressive physicians of the present. Eclectic physicians have introduced an entire different system of practice, and a different class of remedies. They seek to reduce the inflammation by relaxing the capillary blood-vessels, and equalizing the circulation. For the accomplishment of the above, they resort to foot-baths, and endeavor to establish diaphoresis by sponging the surface of the body with alkaline washes. Internally they administer such remedies as *asclepin*, *gelsemin*, *veratrum viride*, *lobelia*, etc. When relaxation is produced they seek to establish the several excretory functions, and eliminate from the blood the *materia-morbi* of the disease. The actions of the external excretory vessels and the kidneys may be promoted by such remedies as *corallorhiza*, *asclepin*, *ipæcac*, acetated liquor of ammonia, spts. nit. dulc., &c. To lessen the arterial force and the congestion we employ such remedies as *veratrum viride*; *sanguinaria*; *lobelia*, etc. If the disease assumes an erysipelatous character we give tincture of chloride of iron, quinia, etc. If it is the result of rheumatic metastasis, we administer such remedies as the acetate, nitrate, or iodide of potassium, *cimicifuga*, *colchicum*, *veratrum viride*, etc. In fine the judicious Eclectic physician is governed in his treatment by the nature and character of the inflammation, the cause that produces it, etc., etc. The essayist finished by an elaborate discussion of the sequence of an inflammation of the pleura, and pleuro-pneumonia, when not controlled by timely medication, and the numerous morbid changes that are likely to take place in adjacent parts.

The subject of the essay was then discussed by the members.

REPORT OF CASES.—H. S. Firth remarked before the Society that he had found the following compound very efficacious in many forms of neuralgical and nervous diseases.

R.	Fl. ext. Valerian.....	3 j.
	Spir. Lavend. Com.....	3 ss.
	Cypripedin, Scutellarin,	aa grs. xij.
	Fl. ext. Gelsemini.....	3 ss.
	Bromidii Ammonii.....	3 iss.

M. S.—A teaspoonful every two hours.

Dr. H. E. Firth, has used a somewhat similar compound, and found it very beneficial in calming nervous excitement, and procuring sleep in cases of nervous exhaustion.

R.	Fl. ext. Lupulini,	
	“ “ Valeriani,	
	“ “ Scutellariæ,	
	Tr. Lavendulæ Com.....	aa 3 ss.

M. S.—2-3 teaspoonful every hour until the desired effect is produced.

Dr. H. S. Firth, referred to the hydrate of chloral, as an efficient means of relief in painful diseases accompanied with loss of sleep.

Dr. James has employed, in cases of neuralgia, tincture of stramonium, with very good results. He uses it in about the strength of one drachm to an ounce of water. Dose.—A teaspoonful every hour until relieved.

Dr. L. B. Firth, desired an expression of the Society as to the most approved plan of treating delirium tremens. He has a case now under treatment in which he has exhausted his skill in the employment of all the usual nervines, and specific medicines, such as tincture of digitalis, veratrum, gelseminum, lupulin, etc., without any signal benefit.

Dr. D. E. Smith remarked that he had found tincture of capsicum in large doses to have a speedy and specific influence in the disease.

Dr. D. Smith related a case of bilious colic, which was exceedingly severe, and which he relieved by means which caused the discharge of a very large number of gall-stones. He had found, in biliary obstruction, olive oil in large doses to act admirably.

Dr. H. S. Firth spoke of the tonic effect of santonine and its virtue in intestinal irritation in children, whether from vermes or otherwise. For a child three years old the following prescription may be relied upon.

R. Santonine..... grs. ii.
Pulv. Soc. Aloes..... grs. iij.

M. S.—Give at one dose.

Essayists appointed for next meeting.—Drs. Smith and Cooper.
The meeting then adjourned.

II. E. FIRTH, *Secretary*.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF NEW YORK.

The annual meeting of this Society was held at the College Building, No. 223 East 26th street, on Wednesday evening, 21st December, 1870.

The Board of Censors reported favorably upon the following applications for membership: Drs. Dusseldorf, H. C. Daniels, Jules De Meyer, and J. B. Jones. Upon ballot the applicants were unanimously elected.

The following gentlemen were elected to serve as officers for the ensuing year:

President.—Robert S. Newton, M. D.

Vice-President.—E. Whitney, M. D.

Secretary.—J. M. Comins, M. D.

Treasurer.—E. Freeman, M. D.

BOARD OF CENSORS.—Alexander Wilder, M. D.; P. Albert Morrow, M. D., and Paul W. Allen, M. D.

Dr. Robert S. Newton, the essayist for the evening, occupied the attention of the Society for about half an hour upon the subject of insanity.

After the delivery of his remarks the subject was discussed by Drs. Freeman, Wilder, Comins, Whitney and others.

Delegates were appointed to the State Society, which meets at Albany the last Wednesday in January, 1871, after which the Society adjourned.

FRAGMENT OF KNIFE-BLADE LODGED IN THE CHEST FOR TWELVE YEARS, AND FINALLY COUGHED UP.—Dr. J. F. Snyder reports (*Chicago Med. Ex.*, July, 1870) the case of a man, aged 60, who was wounded twelve years previously by a stab in the back about the point of the shoulder blade. The man had no idea that the fragment of the knife was imbedded there. He suffered from cough only at the time of the expulsion of the foreign body, when it continued for four weeks. The fragment of steel was corroded and pitted by oxidation, and was $1\frac{1}{4} \times 1\frac{1}{2}$ inch.

GELSEMINUM.—The conclusion arrived at by Dr. Roberts Bartholow, in a paper in *The Practitioner* for October, 1870, are, that in frogs, gelseminum acts upon the nerve-centres, paralyzing first the sensory ganglia, and afterwards the motor; that it does not affect muscular irritability, nor the peripheral nerve-fibres. In warm-blooded animals the same effects were observed, save only that the motor fibres were the first affected. There is also produced a depression of temperature, 30° F. in the case of a pigeon, 40° F. in that of a kitten. The doctor also states that repeated trials have convinced him that there is no antagonism between it and strychnia, the latter drug rapidly tetanizing warm-blooded animals already profoundly affected by gelseminum.

TEST FOR REAL DEATH.—Two new tests for determining whether death is real or apparent have recently been proposed. One is by the application of calabar bean to the eye, upon which, unless life is extinct, the iris will respond to the stimulus and the pupil will become contracted. The other is by the insertion of a bright steel needle beneath the skin; if the tissues are living, the needle will in a short time become rusted; but if death has occurred, it will retain its polish, even after half an hour. Nothing, surely, could be easier than to determine the value of either of these tests, and nothing simpler than to apply them in any given case of doubt, if either should be proved to be reliable. Belladonna, it is said, will expand the pupil, except in cases where it has been previously administered.

TURPENTINE IN INFANTILE CONVULSIONS.—When convulsions continue in colicky children, and are not relieved by the warm bath, injections of warm water, brandy, or chloric ether, with an alkali, Dr. Graves recommends turpentine to be given: \mathcal{R} . Ol. terebenth, \mathfrak{z} j.; ol. ricini, \mathfrak{z} iv.; mist. acaciæ, aq. cinnamoni, aa, \mathfrak{z} iij. M. \mathfrak{z} j tertia quæque horâ. This acts on the bowels, and produces a copious discharge of urine.—*Smith's Wasting Diseases of Children.*

NON-OVARIAN MENSTRUATION.—Dr. A. Reeves Jackson, Chicago, Ill (*The Chicago Med. Journal*), narrates eight cases of non-ovarian menstruation, which Spencer Wells has proposed to distinguish from menstruation by the terms "Uterine Epistaxis," or "Metrostaxis." If credence is to be given to the prevailing theories of menstruation, it seems to be admitted that the presence of the ovaries and the process of ovulation are not the *only* things necessary to menstruation or the menstrual molimen; that the lining membrane of the cavity of the uterus is not the *only* source of the menstrual discharge; and that the "ovulation" theory must be either materially modified or else discarded as not sufficient to account for all the phenomena.

STARCH, GLYCERINE, AND CARBOLIC ACID make an excellent preparation for healing ulcers and for promoting healthy granulations on wounded surfaces. It is made by heating the glycerine to a boiling temperature, then adding the starch in fine powder, slowly—stirring the mixture for a few minutes or until it is brought to the consistency of soft paste. Then allow it to cool, after which add a small quantity of carbolie acid, and mix thoroughly.—*Northwestern Med. and Surg. Journal*.

IODIZED MILK.—It is well known that milk takes up iodine, disguising its taste, smell, and color completely; since iodine is an antiseptic, iodized milk keeps for some time. Dr. Hagar calls attention to this fact, and suggests that this, perhaps, is the mildest form of administering iodine. Its therapeutical effect seems to be equal only to about one-fifth of the iodine. He also thinks that iodized milk will soon be a favorite form of administering iodine, and suggests the following mode of preparation: Iodine 1 part, dissolved in 10 parts of alcohol, with 90 parts of fresh warm cow's milk.—*New York Medical Journal*.

RARITY OF GUNSHOT WOUNDS OF THE HEART.—Of 87,822 wounded in the American war, among which are 7,062 gunshot wounds of the thorax, 4,759 wounds of the thoracic walls, and 2,303 penetrating wounds of the chest, there were only recorded 4 cases of gunshot wounds of the heart.

THE MASSACHUSETTS MEDICAL SOCIETY.—At the stated meeting of the councillors of this society, held in Boston October 5th, Dr. Asa T. Newhall, of Lynn, was expelled for alleged criminal abortion.

The committee appointed by the councillors to take action on the report of the delegates to the American Medical Association presented several resolutions, which condemned the action of the American Medical Association in imposing conditions upon the rights of this society, which are deemed ill-considered and unwarranted. All of the resolutions were passed. The fourth resolution reads as follows: "The committee recommend that no delegates from the Society be sent to the next annual meeting of the American Medical Association."

DEATH OF A NOTED AUTHOR.—Fitzhugh Ludlow, author of "The Hasheesh Eater" and "The Opium Habit," recently died at Geneva, Switzerland.

LACTIC ACID IN CROUP.—R. Acid lactici gtt. xv ad gtt. xx; aq. $\frac{3}{4}$ ss, M., may be used to advantage in croup. This quantity to be used every half hour with an inhaling apparatus, diminishing the acid to gtt. x, then to gtt. v, and inhaling it every half hour for two hours, when the dyspnœa decreases, which is said to disappear entirely in seven, ten or twelve hours. Protect the eyes and face from the vapor. Dr. Webb prescribes, besides this local treatment, the following internally: R. Sodæ bicarb., $\frac{3}{4}$ ij; aq. $\frac{3}{4}$ iv. M. Sig. A tablespoonful every half hour, or every hour, till the dyspnœa disappears.—*Calif. Med. Gazette*.

CANCER.—Cancer is found more frequently in the stomach than in any other organ excepting the uterus. Of 9,118 cases of cancer which occurred in Paris from 1837 to 1840, 2,303 were in the stomach.

CANCER HOSPITAL OF LONDON.—Dr. Alexander Marsden, in his monograph on "A new and successful Mode of Treating Certain Forms of Cancer," details some valuable statistics derived from the registers of the Cancer Hospital in London. Scirrhus cancer preponderates in the female breast; epithelial chiefly affects the male in the lip. Of 1,467 persons affected with epithelial disease, 1,022 were males. Of 445 cases in which females suffered from epithelial cancer, the lip was affected in only 5 instances.

PREMATURE PRESBYOPIA.—Trousseau spoke of premature presbyopia—presbytie prématurée—as one of the most frequent and remarkable symptoms in diabetes. Dr. Fitzgerald, of Dublin, is not aware of this having been noticed by any other author.

CONTINUOUS DILATION IN STRICTURE.—Sir Henry Thompson is not an advocate for continuous dilation in simple cases of stricture, believing that better and safer results are obtained by withdrawing the catheter or the bougie immediately after it has entered the bladder (as Luxmoore recommended) than by leaving it in the urethra from a few minutes to half an hour, as practised by some surgeons.—*Dublin Quarterly Journal*.

FEWER BIRTHS.—According to Dr. Nathan Allen, of Lowell Mass. (*Jour. of Psychological Medicine*), there are at the present time many less children for the same number of families than formerly. By the census returns of 1765 and 1865, there are now found only about one-half as many children, under 15 years of age, relatively to the adult population, as there were one hundred years ago.

Formerly the average number of children to each family would range from 6 to 8, but probably now will not exceed 4, and may not be much over 3. It is a fact, settled by mortuary statistics, that about two-fifths of all children born die before reaching adult life.

THE INVENTOR OF SPECTACLES.—On a tombstone at Florence is this inscription: "Here lies Salvino Armato d'Armati, of Florence, the inventor of spectacles. May God pardon his sins. The year 1318."

AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

FEBRUARY, 1871.

No. 8.

ORIGINAL COMMUNICATIONS.

SECONDARY EFFECTS OF LOCAL MEDICAL APPLICATIONS TO THE UTERUS.

BY GEORGE H. TAYLOR, M. D.

MEDICAL literature abounds in discussions upon the subject of the successive stages of disease, the sequelæ of disease, the secondary specific diseases, etc. It would be well if the indirect and remote effects of remedies were also made the subject of special investigation; for there is good reason to believe that the direct and immediate effects are but a portion, in some cases but a small portion, of these consequences: and were all the facts elicited, they would, in many cases, greatly modify our therapeutics.

It scarcely admits of dispute that the remedial effects of drugs are intimately connected with their capacity to produce abnormal effects if used in larger quantity. But these are not the effects to which I refer. These are immediate effects, and are generally admitted to pass rapidly away with the producing cause.

It is the consequences of continued and prolonged use of remedies to which I desire to call attention. Even the most volatile, as alcohol, it is well known, makes its permanent, and often ineradicable impressions on the nervous system. Many

other things in common use, possessing drug and semi-drug characteristics, produce such effects on the nerves as to demand their constant repetition—not, however, because of any nutritive quality they yield. The principle involved is explained on the supposition of the existence of a more or less permanent affinity in the material thus used for some element of nerve substance.

When drugs consist of substances which have a decided and demonstrable affinity for some tissue, the probability of cumulative and permanent results from their use is much increased. Metallic compounds, as oxides, chlorides, etc., belong to this class. These substances enter into chemical union with the connective and perhaps other tissues possessing low vitality. The well known effects of the compounds of lead, whether introduced into the system by accident, as in the use of water from lead pipes, or in the case of painters, or by design, as in its use for face and head washes, affords testimony on this point. The salts of zinc, arsenic, silver, and many others having metallic basis have been proved to possess analogous affinities. We have seen the peculiar specific effects of chromic acid in the case last related. The history of the case supports the view that the neutralized compound of the acid with organic substance, was absorbed, to be physiologically eliminated. The excess of eliminatory material, however, converted the physiological into a pathological process, which withstood ordinary remedies.

That the silver salts have an affinity for some constituent of nerve substance is supported by the fact that they have acquired a reputation as remedial in some forms of nerve disease; but the probability of pathological effects arising from frequent applications of nitrate of silver has scarcely been entertained. It has been asserted that the compound of this salt with organic substances is insoluble, and therefore harmless. This insolubility has been assumed without sufficient warrant. The fluids of the body are pervaded by chloride of sodium, which is quite capable of decomposing and effecting the solution of silver compounds, thus rendering them capable of exerting their specific influence.

The fact which has been stated, that prolonged treatment of women by local applications renders them liable to recurring attacks of pelvic neuralgia, is also in point. The repeated ab-

sorption of small quantities of medicaments would be quite likely to render the nerves sensitive as the first pathological effect. But pelvic neuralgia may be referred to other causes, and the one above assigned be regarded as insufficient. Yet stronger evidence of this effect is not wanting. In three instances lately under my care, where these remedies had been freely employed, the prolonged local treatment was followed by great neuralgia of the extremities, terminating in partial paralysis. This result accords with the known effects of the drug. It also leads to the surmise that if such cases as sciatica, paralysis and other nervous disorders, were investigated with reference to the kind and amount of medicines employed, much interesting truth regarding the origin of these secondary nervous affections might be elicited.

UTERINE COMPLICATED WITH SPINAL AFFECTIONS.

A characteristic evidence of uterine affections is pain in the back—sometimes in the lumbar region, sometimes in the sacrel, generally in the cervical. The upright position, whether walking or standing, gives rise to this pain. There is hence a great disinclination to this position; it is assumed only when necessity compels. The ability to take this position gradually diminishes since unused muscles are illy nourished. To the existence of pain is soon and certainly added the lack of power. This stage of the disease having arrived, the patient habitually assumes the recumbent position, from which it is with the utmost difficulty she is reclaimed.

A cursory glance at anatomy and physiology will show the connection between the back and the pelvis, and explain why pelvic affections are indicated by symptoms referable to the back.

When the uterus and appendages suffer disease, in almost any of the forms to which they are liable, they often become abnormally sensitive, resembling in this particular other parts of the body. Sensation is painfully awakened by locomotion, since the actions of lifting, twisting, and the like, of the lower limbs are well calculated to disturb the contents of the pelvis. The causes of such disturbance are hence instinctively avoided, and walking, etc., suspended.

But the spine itself often becomes seriously affected. This is owing to several causes. One is the capacity for sensation which resides in the spinal cord is abnormally and continuously excited. Pelvic disorders afford a constant supply of sensorial impressions. This tends to increase the nutrition and power of the cord, as all powers are strengthened by exercise, whether normal or abnormal. Hyperæmia of the cord is the ultimate result of the constant operation of this cause.

Another cause of spinal complication with pelvic disease is the mesenteric connection in the vicinity of the lumbar region—a connection which supplies sensory nerves to the abdominal contents. In the lax condition of the abdominal walls that co-exist with pelvic affections this connection is tasked with aiding the support of the pendant mass. This fact may explain a portion of the lumbar pain and weariness almost invariably experienced by invalids of this kind.

Still another cause of the spinal complication is the effect of the habitual lying position that these invalids are compelled to assume. In proportion to the weakness is the laxity of the capillary spinal vessels. Much lying on the back, in connection with the heat thus confined in that portion of the body, favors this laxity and distension of the caliber of the vessels. This position also favors the gravitation of the circulating fluids toward the back, since, when lying, the back is the lowest part of the body, and in the absence of vigor of circulation the fluids yield to the law of gravitation. This still further distends the vessels of the spine and increases the congestion. The effect of much lying is even exhibited in the substance of the bones. They become soft and spongy, as has been proved by comparison of those from persons who have not with those who have subjected them to much use.

In health, the most powerful as well as the most reliable of all the aids to the circulation of the blood consists in ordinary exercise. When this is omitted or materially diminished, as it is in pelvic affections, the circulatory vessels are also illy nourished and become non-contractile—a state which highly favors congestion of any part inclined thereto from other causes.

The upright position demands the active use of all the muscles of the back to sustain the position. This secures their nutrition. They otherwise become shrunken, weak and powerless. The muscles of the back have an indispensable use besides that of maintaining their own power. *The action of these muscles serves as a necessary counterpoise to the action of the spinal cord.* While acting they receive blood, and in some degree withdraw it from the cord. It is in many cases possible to engage these muscles in action, with the effect of relieving the pain in the back and permanently removing its hyperesthesia. This, however, is to be attempted only with the full understanding of the proper methods of procedure, and a due estimate of the invalid's condition. The ordinary action of spinal muscles in health prevents spinal congestion; their prescribed and cultivated action cures spinal congestion.

That exercise is the most powerful as well as reliable aid to the circulation is as true in disease as in health. But exercise does not necessarily imply exertion. It is here again that the principle of gravitation, which has been studied in another connection, becomes beneficent. If the body but change its position the vessels upon which the hydrostatic pressure of the blood is exercised are also changed. Thus, the vessels of every part of the body of a helpless invalid may be in succession exercised, and the circulation receives incalculable aid simply by frequent changes of position. Hence, the lying position is not in the least a bar to the helpful aid of exercise.

From these statements it is apparent that, on theoretic grounds, the tendency to spinal congestion should not only be obviated but even removed by suitable exercises. The difficulty consists in their adaptation and practical application. Ordinary exercises have already been proved not merely harmful but impossible. This fact is usually the first evidence of the existence of the affection.

The remedial advantages that may be derived from suitable exercises not having been properly investigated, there is, consequently, an absence of principle, rule or tact in the prescribing of this means. The objection that in unregulated quantities and kinds they become harmful lies equally against other reme-

dies, and would exclude them all. This matter of adaptation and regulation, so as to adjust means to ends, forms the basis of success with this as with every other curative agent.

A good exemplification of the working of the principles above advanced was in the case of a recent patient. This lady's ill health began soon after the birth of a child now eight years old. For the greater part of the intervening period she had maintained the recumbent position. She had received almost constant treatment for uterine disease.

She wore both an external supporter and pessary, and felt unable to do without either. She could walk a little on level ground, but could not ascend even a single step. She had a constant backache, increased by every effort with the legs. This precluded nearly all exertion.

The pessary was removed at the first, but it required persuasion, not much short of coercion, to induce her to lay aside the outside supporter. This, however, was soon accomplished.

There was an abundant and fetid leucorrhœal discharge, which required vaginal injections of chlorate of potash, with a little carbolic acid. Her treatment consisted in the application of the principles elucidated in this work.

Though very depressed in spirits, and hopeless of recovery—a natural consequence of her continually disappointed efforts—yet she made good progress, with no untoward symptoms supervening. In this case I made particular observation of the ascent of the womb in the pelvic cavity. It reached a position at least one and a half inches higher in the pelvis than that at which it was maintained by the pessary.

As is usual in these cases the pelvic symptoms yielded to the treatment much more readily than those referable to the back. In five or six weeks she was able to mount two or three flights of stairs. In about three months she returned to her home, relieved of all her suffering, and able to engage in the active duties of life.

This case exhibits in a decided and just light the folly of attempting uterine sustentation by means of mechanical supporters. Even if these instruments really serve the purpose expected of them, no substantial good is effected; they have not

supplied what was lacking; the same weakness of fibre, laxity of tissue and vessel, and sensitiveness of nerve prevails as before. On the contrary, much harm has frequently been wrought by their use. The blood has been attracted to rather than from the pelvic region, and it has been made the center of nerve irritation and the focus of thought and feeling; and more than all—because the cause of all—the action of the sustaining muscular elements has been effectually repressed. Whatever improvement may occur during the use of these appliances is generally in spite of rather than in consequence of their use.

Such results of the application of these principles as those detailed in this work ensue only from their judicious and careful application. The heterogenous and indiscriminate employment of even these processes will not only fail of good results but will work mischief. There must be clear and definite aims on the part of both physician and patient, or the means will be likely to be incongruous, and therefore fall short of the desired end.

MENORRHAGIA.

BY J. MORRISON, M. D., M. A.,

Member of the College of Physicians and Surgeons, Ont., Honorary Member of the Eclectic Medical Society of the City of New York.

THE term *menorrhagia* is used to designate an excessive flow of blood at the menstrual period, which may occur regularly or too frequently—while *metrorrhagia*, which literally means a hemorrhage from the uterus, is a term employed to designate any sanguineous discharge which occurs in the interval between the menstrual periods, and is wholly unconnected with the catamenial discharge. Menorrhagia may occur in opposite conditions of the system. It occurs in the plethoric, or those in whom the vascular system is redundant with red blood cells. It also occurs very frequently in the anæmic and debilitated, in whom there is a tendency to chronic engorgement of the uterus. In the plethoric, the excessive stimulation of the brain and heart, caused by the red globules, very frequently gives rise to vertigo, palpitation of the heart, syncope, and in some cases to hys-

teria. The same symptoms will also appear in the anæmic and debilitated, because the brain and heart do not receive their proper stimulus, owing to a deficiency of the red globules. In such cases there is always an atonic state of the vascular system, and especially of the uterine vessels, as well as an increased fluidity of the blood, due to hypnosis. Such extensive drains on the system, if permitted to continue, are very apt to terminate in general nervousness, chlorosis, and dropsical effusions, especially if they occur during lactation.

Women, however, do not menstruate during lactation, as a general rule, but when menorrhagia occurs during that period the excessive drain on the system is sure to produce serious disturbance in the nervous system and permanent impairment of the general health.

Congestion, or soft engorgement of the uterus, is often present with menorrhagia in anæmic women who have borne children. In such cases there is, for some time preceding the attack, irregularity of the menses, as to time and quantity, and occasionally there is uterine leucorrhœa. The menorrhagia does not relieve the congested vessels of the uterus, as one would be led to suppose; for the want of tonicity and contractility in the muscular structure of the uterus and in its blood vessels deranges the circulation of the organ and maintains them in a state of engorgement, which is not materially lessened by the sanguineous discharge per vaginam. This form of engorgement occurs very frequently at the period of the final cessation of the menses, and is attended with sanguineous discharges more or less profuse. Periodical discharges of blood may occur independently of the menstrual function, owing to the presence of polypi, sub-mucous fibrous tumor or carcinoma uteri. In every case it is generally best to examine carefully the pelvis and its contents by means of palpation, touch, the specula uteri and the uterine probe. A correct diagnosis cannot always be made without resorting to these means. The prognosis is generally favorable, but this will depend much on the cause of the affection. When the discharge is not checked at the proper time it sometimes results in sterility, hysteria, dyspepsia, extreme emaciation or chlorosis.

Treatment.—This is palliative and curative. In mild cases

the patient should be kept in a cool, quiet place, and lying on the back. Cold should be applied to the vulva, and some mild hæmostatic, as aromatic sulphuric acid or the oils of erigeron and cinnamon, given internally. Enemata of cold water are very effectual in mild cases. The tincture of Indian hemp also has proved very beneficial in this disease. In plethoric cases mild depletion, by means of saline cathartics, together with the free use of hæmostatics and uterine tonics, will be necessary to effect a cure. The patient should take abundant out-door exercise, abstain from the use of wine, ale, and all other stimulants, and, if married, sexual intercourse should be strictly prohibited.

As a hæmostatic in this disease the iron, alum, either alone or in combination with other appropriate remedies, will generally arrest the hæmorrhage promptly in all cases. The following combination has proved very successful :

R. Ferri et aluminis sulphatis,
 Secalis cornuti..... aa., gr. xx.
 Opii..... gr. vi.
 Ipecacuanhæ..... gr. ii.

Misce et tere simul, et divide in quatuor pulveres. Dose, one every half hour or every hour, according to its effect.

Warren's styptic balsam has also proved useful in arresting the flow. The oils of cinnamon and erigeron may be given for the same purpose. Vaginal injections of a solution of persulphate of iron may also be tried in severe cases, but in no case should injections into the cavity of the uterus be tried. In many cases the injected liquid, as well as the retained menstrual discharge, in the case of an imperforate hymen, has passed up through Fallopian tubes into the abdomen and produced peritonitis, which terminated in death. In debilitated and anæmic patients the blood must be improved by the free administration of vegetable and mineral tonics, such as the various salts of iron, the mineral acids, quinia, hydrastin, etc. I have derived much benefit from the following in such cases :

R. Quiniæ sulphatis..... ℥i.
 Acidi sulphurici arom..... ℥iiss.
 Acidi nitro-muriatici dil..... ℥i.
 Aquæ puræ..... ℥iiss.

Misce. Sig. Dose—A teaspoonful, in a wineglassful of cold water, three times a day.

With a view to producing contraction of the uterus, and imparting tonicity to its parenchymatous structure, in the case of enlargement or soft engorgement of that organ, ergot and *nuxvomica* have proved admirable remedies.

R. Vini secalis cornuti.....	℥ ii.
Tinct. nucis vomicæ.....	℥ ii.
Acidi sulphurici arom.....	℥ ii.
Syrupi aurantii corticis.....	℥ iiss.

Misce. Sig.—Take one or two teaspoonfuls two or three times a day.

As an auxiliary to the ergot two or three pints of cold water should be injected into the vagina night and morning. The bowels should be kept open by some mild laxative. Rest may be procured by an opiate, or, better still, by hysocyamin and cypripedin.

TORONTO, ONT., *July*, 1870.

ECLECTIC PHARMACY AND NEW REMEDIES.—COLLINS-SONIA CANADENSIS.

BY ROBERT S. NEWTON, M. D.

At the present time the subject of *materia medica* and therapeutics is receiving more attention than at any previous period in the history of medicine. So much so, that I have but little doubt that in a few years there will have to be an entire new classification of the agents of the *materia medica*.

Not only have a large list of new agents and remedies been physiologically tested and introduced into use, but many of the old remedies have in the same way been found to possess valuable properties not heretofore known. So true is this the case, that many of them have at this time an entirely different application as medicinal agents for the cure of disease, and a far more extended use.

The eclectic school of medicine began and carried on this subject for many years before the other schools of medicine had given it but little or no consideration. When we speak of the work of the eclectic school of medicine in this respect, we have special

reference not only to the physiological testing and introduction of these remedies into practice, but to the influence they have exerted upon all of the pharmacutists and drug manufacturers in this country. When they discovered there was no longer any demand for a large number of the leading articles then prepared and for sale, they were willing to listen to the arguments made use of by the eclectic medical profession in favor of the absolute necessity of furnishing a reliable, certain and efficient class of agents, to be prepared according to the most scientific pharmaceutical knowledge, and such as could be demonstrated by physiological as well as therapeutical testings, to act in harmony with the laws of the human system.

In this way this influence has controlled all manufacturers of medicine to a very great extent. The law of demand and supply made nearly every manufacturer of medicines in this country its willing subject: so much so that there has never been anything like the present interest and anxiety manifested upon this subject by manufacturers. In fact, all appear to be doing everything in their power to excel in preparing, in the best form and from the very best materials, medicines that may be relied upon by every practitioner.

As a school of medicine we are proud of our *materia medica*, of our pharmacy, and of our dispensatory. We are also proud to know that our entire list of new remedies are introduced into the more recent allopathic and homœopathic medical works; also to find that the manufacturers throughout this country are investing such large amounts of money, and procuring the best scientific ability to be found, for the purpose of perfecting their department of pharmacy.

In this list we may mention Messrs. B. Keith & Co., W. R. Hayden & Co., Tilden & Co., Thayer & Co., W. S. Merrill & Co., Garrison & Co., Hill & Co., T. L. A. Greve, Wyeth & Brother, Reed, Carnrick & Andrus, Gordon & Co., Stearns, Farr & Co., R. E. Kunze, Hill, Merrill & Co. and others.

A few years since the manufactured articles of some of the above mentioned firms were so unreliable that they were almost entirely driven from the market. The necessity of which we have spoken has compelled them to prepare their medicines with more care and from pure drugs.

Old, dried and inert materials, which have been collected and stored in drug houses for years, will not make potent medicines, we care not who attempts the experiment.

COLLINSONIA CANADENSIS.

This agent is classified in the Eclectic Dispensatory as a stimulant and irritant, and is said to exert an "influence on the mucous surfaces," and found "beneficial in chronic catarrh of the bladder," "fluor albus and debility of the stomach," with many other properties, such as "stimulant, tonic, emetic and diuretic."

* * In the ECLECTIC MEDICAL REVIEW of September, 1870, page 116, will be found an article upon this subject.

My own experience with the use of this remedy has induced me to think that it has little or no effect upon mucous surfaces, nor does it possess the ordinary diffusible stimulant property. While it acts as a stimulant, it may be said at the same time that it possesses a powerful sedative property. Its physiological action is almost entirely upon the peneumo-gastric plexus of the nerves; so much so, that in many conditions attended with high arterial excitement and cardiac irritation, it almost instantly overcomes this excitement. It is only through this medium that it acts upon the mucous surface of the stomach and other tissues of the body. This, like the *veratrum viride*, produces little or no effect in any organic disease, nor can it be relied upon in cardiac, pulmonary, or gastric difficulties, only in cases of functional derangement. While we use it very much in the latter conditions we have found it to possess little or no value in the former. Even under the most favorable circumstances, if given in large doses, it produces great prostration. While it may not reduce the frequency of the heart's action or a degree of irritation of the stomach, resulting in vomiting, like the *veratrum viride*, it produces a far greater amount of nervous prostration. If organic disease should not be present in the organs mentioned, I regard this, if given in large doses, to be a dangerous remedy. In some peculiar organizations we have observed, even where there is no organic difficulty, a degree of nervous prostration to follow its use, requiring prompt and active stimu-

lants to overcome its effects. Dr. Brown, of Pittsburgh, Pa., informs me by letter that, after taking the third dose of twenty (20) drops of Merrill's fluid extract, the nervous system became so prostrated, his hands and feet so cold, as to require active stimulants to produce reaction.

I have observed the same effect in some cases to follow the administration of every preparation of this article which I have had occasion to use in my practice. While this remedy acts with a great degree of certainty, as referred to above, I am satisfied that we have much to learn yet in regard to its broad range of application. I am fully convinced of the fact that this remedy has been, and still is, used in too large doses. While it has been recommended in a concentrated tincture, in from 10 to 30 drops four or five times a day, I have found that 10 or 20 drops given in 24 hours is as strong as is necessary, and has produced better results than when I have given it in 30 drops doses four times a day. I use it as follows: To four drachms of cold water I add from 10 to 20 drops of the essential tincture or fluid extract, and then give this in four equal quantities in the 24 hours. I often combined it with the *veratrum viride* and the *prunus virginiana*, believing that it acts more kindly and certain upon the system, observing never to give it except in functional derangements. During my careful testings of this agent—and for several years I was in the habit of using it in organic diseases—I have learned the above facts, and I have abandoned its use entirely in such conditions. I would be highly pleased to obtain the results of the observation of the profession in the use of this agent.

As the eclectic profession has been the great pioneer in this special field, it will not do to rest content with our present achievements. Let us continue to investigate. Let us watch carefully the effect of each and every remedy that is used by the practitioner. Let us communicate to each other, through the medium of our medical periodicals, the information thus obtained, and we, as a profession, are thus benefited, science is benefited, humanity is benefited, and the medical profession is made to enjoy a higher degree of the confidence reposed by a trusting community.

PERISCOPE.

Therapeutic Power of Oxygen Gas.

T. D. CROTHERS, M.D., of Albany, has the following article in the *Buffalo Medical Journal*:

Oxygen has been used as a remedy *in disease* over a century. The difficulty of separating it from air, and using it at the bedside of a patient, with its cost, have been obstacles preventing its introduction into general practice. Now, by the process of "Lessis du Motay," immense quantities of the gas can be procured, and sent to all parts of the country at trifling cost, in compressed cylinders. The phenomena of life is kept up by nutrition, and absorption of oxygen gas from the air. Oxygen sustains the most intimate relation to life. All other elements may be withdrawn and life will continue for a time, but if oxygen is withheld death follows. The secretion and excretion of every atom in the body depends upon the pressure of oxygen. The chemical action of oxygen on the elements of food is the ultimate cause of all vitality. Oxygen, and all the elements of food, are taken into the body through the channels of the blood. This fluid not only carries oxygen to the ultimate parts of the body, but is renewed by it, and depends upon it for force and power. When we give iron it is to increase the absorbing power of the blood for oxygen. The true tonic is oxygen. When iron is given fresh air must be increased or the remedy will fail. A condition of health depends more on the amount of oxygen absorbed than upon nutrition. The absorbing power of the blood may be impaired. Hence, Dr. Smith, of New York, suggests that "a deficient absorbing power may be supplemented by an increased supply of the material absorbed." And this explains some of the remarkable results from oxygen, especially phthisis. Where the disease is both of the respiration and nutrition of the body here oxygen not only aids the blood in bringing material to be built up, but supplies the building up power, and lessens the increased action of the lungs to supply this want from the atmosphere. Experience does not confirm the theory that oxygen gas, in contact with inflamed and ulcerated surfaces, will increase inflammatory action. Dr. A. H. Smith, of New York, the highest authority on this subject, has recently given 1,100 gallons of pure oxygen gas in forty-eight hours, with no ill effects. The pulse, after inhaling oxygen, becomes steady and regular, often increased in frequency a few beats. The temperature decreases or remains the same. Oxygen is applicable, says Dr. Smith, to two

classes of diseases—one in which respiration is at fault, and the other in which both respiration and nutrition are defective.

Under the first class are included asthma, emphysema, croup, diphtheria, capillary bronchitis, pneumonia, poisoning by opium. Astonishing cures have followed its administration in each of these diseases. In asthma the paroxysms will be relieved, and a cure will follow in a very large per cent. of all cases. In capillary bronchitis and emphysema its effects may be depended upon. In pneumonia of a typhoid type the results are very gratifying, if carefully used by judicious men. In a low grade fever, with anæmia, no remedy will act so promptly. In one case of my own convalescence was established on the fourth day after the administration began. In a severe case of asthma, which had resisted all medication for years, complete relief followed after two inhalations of six gallons each. In dyspnœa it is almost a specific; and if of no value in any other disease its value here would establish it as indispensable.

In the second class of diseases, in which both respiration and nutrition are defective, phthisis stands first. In this disease oxygen is the most valuable remedy we possess. It has been used more in this disease than any other, with results exceeding all expectation. In one case under my care the patient gained fourteen pounds in fifty days, with a rapid convalescence, which are strong indications of a complete cure.—*Med. and Sur. Reporter*.

Uromalanine.

UROMALANINE, a blackish brown powder, void of form and color—is as interesting to the pathologist as its congener is to the physiologist. It owes its name and quantitative analysis to Dr. Thudichum. This observer obtained it in large quantities by the chemolysis and physiolysis of urine. He gives it the very complex formula $C_{36}H_{48}N_2O_{10}$. Dr. Smith believes there is very little doubt that this substance is identical with the pigment of the skin in health and disease, and that, when an excess of the compound from which it is derived exists in the blood, a parallel excess of this, or rather of an intermediate substance, will occur in the urine. If this be so all morbid pigmentations of the skin are to be classed in two divisions:

1st. Pigmentations due to temporary excess of uromalanoid pigment or pigment forming substances in the blood.

2d. Pigmentations due to the abnormal attraction of the normal pigment, or the pigment forming matter to the skin.

Of the first division he knows of one example only. The morbid pigmentation of the skin, which is the accompaniment and consequence of the accumulation of pigment in the spleen that occurs in some cases of malarious fever—a phenomenon described by Frerichs, in his section on pigment liver, and before him described by Addison. Parenthetically, he would like to know whether it is on record that, in cases of *melanotic cancer*, pigmentation of the skin has been observed. It seems possible that these tumors might act as reservoirs of pigment, just as the spleen has been shown to act; in this case a second example might be added to the first division.

Of the second division very many examples suggest themselves, viz.: lentigo, or freckles; ephelis, or tanning; nævi materni; chromidiosis—a disease mentioned by Hardy; the pigmentation which accompanies long continued dermatosis; the pigmentation of the nipples of pregnant women; the pigmentation following epigastric applications; the bronze skin of morbus Addisonii.—*Medical Record.*

Amputations in Pennsylvania Hospital during Forty Years.

IN 749 amputations, upon 735 patients, performed during the 40 years from 1830 to 1870, 548 were cured and 186 died, and 1 removed. 500 were primary operations, performed during the first 24 hours after the accident, of which 117 died; 105 were secondary, of which 42 died; 114 were for diseases of a chronic character, of which 27 died; 232 of the patients were under 20 years of age, of whom 206 were cured and 26 died; 217 were between 20 and 30, of whom 164 were cured and 53 died; 152 were between 30 and 40, of whom 105 were cured and 47 died; 87 were between 40 and 50, of whom 56 were cured and 31 died; 44 were upwards of 50, of whom 23 were cured and 21 died.

Of 50 arm amputations, 34 were cured and 16 died.

Of 2 elbow joint amputations 2 were cured.

Of 48 forearm amputations 42 were cured and 5 died; 1 removed by request.

Of 23 wrist and partial hand amputations 23 were cured.

Of the 321 amputations, 239 were primary; of these 176 were cured, 63 died; 22 were secondary operations, of these 11 were cured and 11 died; 60 were amputations for chronic diseases, of these 51 were cured and 9 died.

61 amputations were done at the joints, of these 44 were cured and 17 died.

134 were amputations of the lower extremities, of these 111 were cured and 23 died.

187 were amputations of the lower extremities, of these 124 were cured and 63 died.

114 patients were under 20 years of age, of these 98 were cured and 16 died.

84 patients were between 20 and 30, of these 63 were cured and 21 died.

65 patients were between 30 and 40, of these 45 were cured and 20 died.

25 patients were between 40 and 50, of these 16 were cured and 9 died.

23 patients were above 50 years of age, of these 7 were cured and 16 died.

Dr. Thomas George Morton, one of the attending surgeons (*Am. Jour. Med. Sciences*), reports that ether has been almost invariably used as the anæsthetic and no death has, he believes, ever occurred in the hospital from its use; occasionally ether has been combined with chloroform; one sudden death, however, occurred with the use of this mixture, during the removal of a fragment of necrosed bone, following a leg amputation; the nitrous oxide gas he has used in very many minor operations, and in eight amputations of limbs, and has found it satisfactory when the operation was not prolonged.

Puncture of the Abdomen for Tympanitis.

THE *Dublin Quarterly Journal of Medical Science* for May mentions three cases in which marked relief was afforded by this operation. Two of these were reported in the *Deutsches Archiv. für Klinische Medicin*, by Dr. Stein. In one the distention was caused by the pressure of an ovarian tumor on the intestine. The puncture was made in the cæcal region, and was repeated daily more than fifty times, at the request of the patient. At the *post mortem* scarcely a trace of the punctures could be observed. The second case was that of a man 61 years old. Eight punctures were made in fourteen days, with great relief and no unpleasant results.

This is a mode of treatment which has occurred to us as one that would sooner or later be put into operation, and one that could not be attended with any very serious results. Dr. T. Clifford Allbut, reported in the *Practitioner* for February, 1869, the case of a man with double pneumonia, on whom this operation was performed successfully for the relief of

the most distressing tympanitis. The punctures—two in number—were made over the transverse and descending colon. The patient, however, died of pneumonia, after obtaining relief to the tympanitis. After death no traces of the punctures could be found, except on the surface of the body. The instrument used was an exploring trocar (No. 1 Weiss).—*Canada Lancet*.

Suits for Malpractice.

THE results of suits for malpractice are not only unfortunate for the defendants, but also incidentally injurious to the medical profession, by impairing public confidence in the skill and integrity of its members.

The injustice which is sometimes done is not owing to mistakes in the law, as laid down by the judges, but to misapprehension of the facts by juries, who are *notoriously stupid and unjust*.

The foundation of the liability of the medical man for malpractice rests on the principles of "the law of contracts." In assuming the practice of his profession he implies that he is possessed of *ordinary* skill, and that he will use it with all reasonable diligence and care in the treatment of disease.

These are conditions which are assumed in all trades and professions requiring skill, and are no more rigid and exacting in the case of the medical man than any other; but the degree of care and skill required by law is in proportion to the delicacy and difficulty of the service to be rendered—for example, the care and skill exercised by the blacksmith are less than that shown by the watchmaker—while that of the physician or surgeon, who deals with human life and limb, is much greater than either. But while ordinary skill and care are imperatively demanded from the medical man, *extraordinary* skill is neither required nor expected, as few practitioners would be able to attain to it, and the majority of patients would be utterly unable to pay for such assistance.

The criterion of skill is wisely adjusted to the average proficiency of medical men, and the law chooses that middle course which experience has shown to be best calculated to protect the public and keep the profession up to a certain standard, by holding them responsible without imposing on them unreasonable and excessive burdens. The physician or surgeon is liable for injuries resulting from his want of ordinary care and skill, because his position before the public implies that he is possessed of these qualifications; and this is the case even where the ser-

vices are rendered gratuitously, as at an hospital or dispensary, whether specially retained or not.

A mistaken opinion regarding the nature of the disease or its proper mode of treatment is not conclusive evidence of the want of due skill; but it must be shown that the error arose from a want of that ordinary skill and average proficiency to which we have above alluded. A medical man is not to be pronounced incompetent because he exhibits less skill than some of his more gifted and experienced *confrères*. The law fairly recognizing the diversity of talent among medical practitioners only requires that he shall be possessed of sufficient skill to treat disease with reasonable success.

In determining whether a physician or surgeon has exercised ordinary skill in the treatment of a patient, the advanced state of the profession at the time must be taken into consideration. A medical man is in duty bound to keep pace with the most important inventions and discoveries in medical and surgical science, for he cannot be held blameless if he continues to use means and appliances that have been discarded or superseded by more suitable ones. The progress of medicine and surgery has been very marked in recent years, and the tendency to conservative surgery very great. These circumstances tend to raise the standard of proficiency among medical men at the present time, so that what may have been good practice five or six years ago may be considered as the very opposite at present. In cases of alleged malpractice the standard of ordinary skill would be that of the recognized authorities in medical science at the time when the services were performed, as attested by their adoption in ordinary practice.

Besides the possession and exhibition of ordinary skill, the medical man is also bound to exercise ordinary care in the treatment of his patient. The absence of ordinary care, when it produces injury to the patient, renders the medical attendant liable for malpractice. The possession of skill affords no absolute security that it will be carefully exercised, and it is therefore necessary to enforce upon the medical practitioner a reasonable degree of care in the management of the case under his treatment. Ordinary care is required from every person who undertakes to perform a service for another for a compensation, and means "the care which is usually exercised under similar circumstances by those who are engaged in the same employment." The amount of care necessary in the management of an individual case must depend on the nature of the disease and the condition of the patient. The medical man must not be held to account for the misconduct or obstinacy of the patient; for it is a prin-

ciple in law that "no person is liable for injury to another when his own misconduct has been the cause of it." It is the bounden duty of the patient to coöperate with his medical attendant, attend to his directions, carry out his instructions, and submit to his operations; and if he refuses to do so he cannot hold the medical man responsible for any neglect or stubbornness on his own part.

It is a subject of common complaint among medical men that surgeons are more frequently the victims of suits for malpractice than physicians, and there is a good deal of truth in this charge, which it is not difficult to understand, since the mode and results of treatment are more obvious in surgery than medicine. The difficulty of tracing the connection between his treatment and the results of it protects the incompetent physician from a civil action for malpractice, while the surgeon is deemed responsible for the results of natural causes, which he is unable to modify or control, or for the misconduct of others.

In consequence of the risks to which the surgeon is liable in the ordinary practice of his profession, it has been suggested that in all delicate or difficult surgical cases he should take the precaution to obtain from the patient, before undertaking the management of the case, a bond covenanting not to sue for damages in the event of the case not terminating favorably. Some writers on jurisprudence object to this, however, on the ground that such an instrument is worthless, because it is against the spirit of equity to allow any one to exempt himself by contract from the legal consequence of his own wrongful acts. But, on the other hand, it is a settled doctrine that an agreement is not void unless it is contrary to public policy and injurious to the interests of the State, so that any agreement entered into between the physician and his patient, who is alone affected by his wrongdoing or want of success, may be held to exempt the latter from any claim for damages; but if the medical man is not merely unskilled and careless, but is guilty of misconduct, which is so stamped with bad faith and fraud that it borders on criminality, then the law may set aside the validity of the contract, which would otherwise exempt him from the consequences of those injuries to a patient which the latter agreed to overlook. We do not think it is at all derogatory to the *dignity* of the professional man to legally protect himself in order to do good to others, and while we would not commend such contracts as intrinsically desirable, we consider them highly useful under certain circumstances on the score of necessity.—*Canada Lancet*.

Gelseminum Sempervirens.

DR. E. P. HURD, Newburyport, Mass. (*Boston Medical and Surgical Journal*), has been in the habit for some time of using a tincture of the root of yellow jessamine, and believes that as a cardiac sedative we have not its equal in the wide range of the materia medica. It relieves in a marked manner the shortness of breath and palpitations of all forms of heart disease. He has seen more prompt and decided benefit from its use in chronic valvular disease than from digitalis. The dose may be three drops of the saturated tincture every two, three or four hours. The gelseminum is combined with Hoffman's anodyne and tincture of lavender, and is believed to have a splendid effect on the vaso-motor nerves, stimulating them, and thus equalizing the circulation and lessening the labor of the heart. It also allays the nervous irritability, is surer than veratrum or prussic acid, and safer than digitalis.

Senile Contraction of Vagina.

IN a recent number of the *Dublin Quarterly Journal*, Dr. Alfred McClintock, of Dublin, calls attention to what he terms *senile contraction of the vagina*. He says: "In what I may call the minor forms of this contraction, we find simply a transverse fold of the vagina projecting inwards, and presenting to the finger a sharp concentric edge. This seldom engages more than one third or one half the circumference of the canal, and is generally situated on the posterior wall, a little better than half way up; but I have also met with it higher, or implicating the os itself by one or the other of the semi-valve like projections. There is another and more important variety of this species of contraction which I have occasionally observed. *The capaciousness of the vaginal cul-de-sac, so noticeable in women who have borne children, gives place to the 'contraction'* I now wish to describe, in which there takes place a progressive diminution of the calibre of the vagina, not throughout its entire extent, but commencing at its summit and progressing downwards."

He speaks of two cases in which the constriction had become so great that the os and cervix were quite hid from sight, the structure being barely large enough to admit a probe.

All the cases he has met with were in women between the ages of 50 and 60, one only being under 50. In his diagnosis he eliminates the usual causes mentioned by Dr. Thomas as productive of atresia vaginæ, viz: arrest of development; prolonged and difficult labor; chemical agents locally applied;

mechanical agencies; sloughing, the result of impaired vitality; and syphilitic or other extensive ulcerations, and regards it as some sort of atrophy connected with the decline of life and extinction of functional activity in the generative organs, and dependent upon lesions produced during delivery.

The Production of Asthenia or Anaesthesia in Surgical Operations by Compression of the Vagus Nerve.

(*The Practitioner*, December, 1870.)—In a short paper, probably the last ever written by its distinguished author, the late Dr. Augustus Waller, of Geneva, shows that pressure exerted upon the vagus nerve in the neck produces on man most of the principal symptoms observed on animals when that nerve is isolated and subjected to the direct influence of galvanism. Upwards of twenty years ago, when studying the subject of compression with reference to hysteria and epilepsy, two cases occurred where compression of the vagus was followed by all the symptoms described by Aristotle. "In each case the patient, after moderate pressure, fell down, as if struck by lightning, on the floor before me, a lifeless corpse, with all the voluntary muscles completely relaxed. Scarcely had I time to become alarmed, when sensation and voluntary power returned, although for some time afterwards there remained considerable weakness and debility, though not sufficient to prevent the patient from walking away unassisted."

These symptoms appear to the ordinary observer to be attended with considerable danger, but such, in reality, is not the fact, as the heart is always found to be pulsating, and the respiration in play. He therefore recommends its adoption in cases where the abolition of muscular power may be desirable, as in instances of dislocated bones of difficult reduction, previous to the employment of the ordinary anaesthetics, the administration of which is attended with a certain amount of danger. As an illustration of the practice, he narrates the case of a powerful, athletic man, in whom, in consequence of a fall, the head of the humerus was dislocated beneath the clavicle. An ineffectual effort had been made to reduce it without chloroform, and, while the messenger was procuring that agent, compression was made of both vagi, while extension and counter-extension were kept up. At the end of two or three minutes, just as the two carotids could no longer be felt beating beneath the fingers, a sudden click indicated the return of the bone into its socket.

As an illustration of the anæsthetic effects of vagal pressure, he says: "A molar tooth was extracted from an out patient of the Hospital Cantonel by one of the house surgeons. While the patient was seated, I was prepared, at the back of the chair, to apply pressure on both vagi. As soon as the key was gently applied around the tooth, I began the pressure, and gave a sign to the operator to commence. The result was perfectly satisfactory. According to the statement of the patient, she had suffered no pain, and was most enthusiastic in her thanks to me. At the moment of extraction the patient cried out, which, however, occurs in many instances with chloroform, where, as in this case, the patients afterwards declare they have not felt any pain.—*Med. Times.*

Behavior of Medical Students.

THE behavior of some of the London medical students appears to be no better than that of their less cultivated brethren in other portions of the world. The last introductory at Guy's Hospital was the occasion of a most disgraceful outbreak. Screeching, cackling, baaing, yelling, singing of popular songs, etc., contributed to swell the uproar, which utterly drowned out the voice of the professor; but these harmless amusements were laudable, compared with the knocking off and demolishing of visitors' hats with walking sticks, and the showers of spitballs, peas, explosive pellets, etc., which greeted the professors and their friends, especially those whose bald heads offered conspicuous targets. The scene was made more ludicrous by the course of the lecturer, who told his audience that he had his lecture packed up ready for the press, and that they could read it in the papers, and then described his own student days at the German Universities, with their duelling, their beer parties, and other public rowdyism.

We do not remember ever to have seen anything like this in our own country. During the intense excitement just before the breaking out of the war, we indeed once saw the lecture-room in an uproar, but it was the uproar of angry civil strife, when every one was on his feet,—when men were already commencing to fight,—when knives were out and the air was full of curses. We well remember how one of the professors rushed among the students in his shirt-sleeves, and, with stentorian voice and wild-imploring gestures, stilled the tempest just in time to prevent bloodshed.—*Med. Times.*

Contagiousness of Tuberculosis. Klebs (*Virchow's Archives*, Jan., 1870). Bernhard (*Centralblatt*, April, 1870).

PROF. KLEBS gives a brief *resumé* of his experiments on animals with regard to the contagiousness of tuberculosis:

1. The "tubercle-virus" is soluble in water, but by evaporation the watery solution is freed from its noxious properties. A fresh alcoholic precipitate, however, contains the infectious material, which, after injection into the peritoneal cavity of guinea-pigs, is absorbed by the lymphatics, and produces an eruption of miliary tubercle.

2. The fact demonstrated by Chauvau, that tuberculosis is caused by feeding cattle on tubercular matter originating in other cattle, is extended by the observation that it is as surely developed if the tubercular material is derived from the human subject. Klebs thinks that, on account of the possibility—nay, probability—of the transmission of tuberculosis from cattle to mankind, it is advisable to keep under close observation those animals affected with tubercle. He promises to communicate shortly his investigations concerning the transmission of tuberculosis by the milk of diseased cattle.

Bernhard fed rabbits for months on tubercular lungs, pus which had undergone cheesy degeneration, etc., but in no instance did tuberculosis develop. Subsequently there was an epidemic of enteritis, when, on examining the animals which died, the characteristic alterations of enteritis were found; but, in addition, the lymphatics were filled with a white, fatty, granular detritus, and the glands were enlarged and in spots had undergone cheesy degeneration. In one rabbit, which had never been used for the experiments, but which died from the epidemic enteritis, there was a beautiful eruption of miliary tubercle, which presented the typical miliary, pearl-colored, semi-transparent nodules. Tubercles were also found in the spleen.

In these experiments, therefore, the ingestion of tuberculous material did not produce tuberculosis, while the scrofulous degeneration of the mesenteric glands subsequent to an attack of enteritis was followed, in one case, by an eruption of tubercle.

These experiments, taken with those of Kosler and Ruge, who have demonstrated the frequency of the so-called "spontaneous tuberculosis" in the rabbit, dependent only upon adverse hygienic and dietetic conditions, makes it evident that this animal should not be employed in experiments having for their object the study of the origin and contagiousness of tuberculosis.

—*Med. Times.*

New Treatment of Piles.

At the last meeting of the British Medical Association, Dr. Daniel Maclean, of Glasgow, read a paper of great interest, published in the Association's *Journal*. After speaking of the pathology of hæmorrhoids, he says :

"Seeing, then, that all kinds of piles have necessarily a sac or cell with fluid contents, and that, so long as this saturated condition continues, you have an abnormal condition of parts, with its accompanying suffering ; and so long as the vessel or vessels are unable to perform their functions properly, from the continued injection of blood against the already over strained walls, the obvious mode of treatment is to support the weakened walls, and then empty the sac, as you would do in a case of hernial tumor, by a process analagous to the reduction by the taxis. This is a method of treatment not mentioned by authors, but which in my practice I have found eminently beneficial.

"Hæmorrhoids after parturition generally come on in patients who are of a soft, loose habit of body, or who are, at all events, flabby and relaxed in the perineal region. In treating them, I first get a free evacuation of the bowels by some aperient medicine ; and when the effects of the medicine have passed off, I order the parts to be well fomented for a few hours, to relieve as much as possible the irritation and spasm of the parts. I then proceed to apply the taxis to the tumor. Taking a piece of soft, well oiled cloth, and grasping one of the tumors—if there be more than one—with two fingers and the thumb, thereby encircling the enlargement, and curving the fingers so that they cover the fundus of the pile, I proceed to press the tumor toward the mouth of the sac with a kneading motion, continuing for a little time until I find the swelling become gradually smaller under the manipulation, and there only remained the thickened integument and whatever effusion of serum may have taken place into the cellular tissue.

"In the beginning of the application of this process the pain is sometimes considerable ; but as the tumor becomes emptied the pain decreases, and when it is fully reduced a great sensation of relief is experienced. The reduction of the first hæmorrhoid being complete, the same procedure is applied to the others in rotation ; and, the whole being reduced, astringent lotions or ointments are applied to the part, and the operation is complete.

"We are now at liberty to proceed with the removal of the primary cause, if any exist, and there is usually some such cause in cases other than post-parturient. In these last, their acute origin is much more recent, and therefore much more easily re-

duced; but whatever the cause the method of treatment is still the same, and will be found of value.

"Looking to the pathology of hæmorrhoidal tumors, containing as they do a single sac, or a plurality of sacs, with fluid contents, the first principle of treatment is to empty the cavity of its fluid, remove all tension and irritation, and enable the tissues to resume their normal condition.

"In external and intero-external piles, there are—if not seen sufficiently early—besides the fluid contents, what I here called the results of the hæmorrhoidal condition, viz., the coagulated or semi-coagulated blood, the infiltrated cellular tissue, and the thickened integument. Having emptied the sac by the process mentioned, I continue the taxis to what remains of the tumor, either at that sitting or at one subsequent, and generally get quit of the static materials. What remains is removed by natural agency. It might be objected that the forcible propulsion of coagulated blood into the current of the circulation would give origin to the formation of an embolism in some distant part, and by that means act as a source of danger to the patient; but whatever force this objection may have theoretically it does not hold good in practice, as it might be expected to have shown its evil consequences in the course of the two or three years during which time I have employed the plan. The same, or an analogous condition of parts, is seen in the veins surrounding a varicose ulcer. You have little knobs at different parts in the course of these vessels, which, from their solidity, size and shape, can only be coagulated blood obstructing the venous return, and keeping up the congestion surrounding the ulcer. By applying the kneading process, and causing the patient occasionally to do the same, you gradually reduce the amount of hardness in the part, and ultimately remove the occluded state of the vessel, but in no case does the patient suffer afterward from embolia.

"In internal piles the application of the taxis is conducted in the same manner, but here it is necessary to cause the extrusion of the tumors, and this can be done, as in the removal of the ligature, by passing an injection of tepid water into the rectum, and then getting the patient to expel them by straining, when the same process is gone through as in external piles; and, on the return of the bowels, we attend to the constitutional disorder, and give injections of astringent lotions, etc.

"When the internal variety of this tumor takes place in females who have had children, the reduction of the swelling may often be accomplished through the walls of the vagina, more especially if the parts are relaxed, which in the majority of women is the case."—*Med. and Surg. Reporter.*

Female Students.

AN Edinburgh correspondent writes: "This week the question as to the education of female students in medicine has assumed a serio-comic aspect. A few of the younger and more hot headed male students had expressed their views as to the question of opening the doors of the class rooms to women, by shutting the school gates in the faces of the present representatives of the sex; and, to their discredit and the delight of the populace of the old town, a small students' row was the result. Any occurrence of such unseemly and unacademic conduct is being guarded against in various ways, and in one most comical way, by the formation of a female protective brigade, who guard the ladies to their homes in a chivalrous, and, I was about to say, manly manner—some, I understand, offering a protecting arm. Strange stories are current as to the bellicose propensities of a certain newspaper editor, of the spasmodic and imaginative school, having been roused by what he saw and heard almost to the pitch of inflicting or receiving personal violence; but the students' tales, like those of some war correspondents, border on the marvellous. There is reason to doubt whether the females ought to fear their friends or their foes most, but the most has been said in the daily newspapers about the students' conduct. Only a very few of the younger and more headstrong spirits take any part on either side. The more sensible ones are satisfied with what has been already done, in showing their objection to mixed education, and are now disposed to let the matter drop and await the subsequent developments."—*Brit. Med. Jour.*

A Condemnation of Charpie.

DR. VON NUSSBAUM, writing from Orleans on November 24th, regarding the wounded there, says that above all things charpie should be avoided, and sponges also, if syringes are at hand. He is, he says, always horrified when he finds gunshot wounds or amputation wounds covered with dry charpie. Nothing worse, said Medical Councillor von Pettenkofer to him twelve years ago, can be found; and from that time Dr. von Nussbaum has avoided charpie. Charpie, like sponge, is a very porous substance; its extensive surface greatly favors the process of decomposition. Apart from its dangerous porosity, charpie is in itself rather dirty and disgusting. It is likely to have been made, he says, from shirts and other linen clothes, which, perhaps, have been soiled with typus stools.

From these compresses have been cut, which have been again and again fouled with pus and washed. Finally, the patients have pulled these into charpie in their dirty wards; and the charpie has lain there for a longer or a shorter time until it has become poisoned—and it is then laid on wounds. Even allowing that some charpie has a better history, it cannot be denied that thousands of patients are every day engaged in preparing this material. But even the best and cleanest charpie is dangerous on account of its great porosity, especially when it has been kept long in an hospital ward. If there be not a syringe at hand sponges may be used for pouring on water, but not for touching the wound.—*Brit. Med. Jour.*

Is Rubber Poisonous? By H. F. DOUGLAS, *Fenton, Mich.*

THIS question having attracted so much attention among the profession lately, I wish to report two cases in my practice:

Mrs. W. had worn a partial upper set on dark rubber, unpolished, for about five years. The mouth was very sore and red; ulcerated patches covered full half of the surface under the plate. April 22d, I inserted a plate of light rubber, thoroughly polished, next to the palate. May 10th, the mouth was much better, and there was no sign of pus; the red patches were much lighter in color. I saw the patient again July 10th. The plate was worn constantly; the mouth was entirely well.

Mr. S. was a similar case, and nearly as bad. I treated it the same way, with a like result.

Neither of these cases had any treatment except change of plates. I have seen no case of that difficulty where the plates were well polished. I do not know that the idea is new, but have seen no report of it.—*Dental Cosmos.*

Putrefaction, Fermentation and Infection.

IN a paper recently read before the Medical Society of London, Dr. Samson maintained (*Lancet*): "1. That putrefaction and fermentation are each due to the influence of living, growing and multiplying material. (a.) Fermentation is the result of the vital acts of particles of vegetable protoplasm in an organic fluid of uniform composition, the particles assuming distinct morphological forms according to the nature of the fluid. (b.) Putrefaction is due to like influences exerted upon organic matter of

a more complex or a mixed kind. 2. The atmosphere contains minute spores, ova, and particles of protoplasm, which it wafts from place to place. These are for the most part perfectly harmless. 3. The diseases of infection are due to minute particles of living protoplasm, which are transmitted by physical intermedia, are capable of reproduction within the recipient organism, and are excreted in vastly increased numbers. 4. Infecting molecules present the complex reactions of living beings, and though they resist certain physical influences they are destructible by others. Slight chemical or physical disturbances may destroy them. 5. Fermentation and infection are alike due to living molecules; but though it is possible that in some cases (cholera, typhoid) the molecules of fermentation in complex conditions can induce infection, it is far from proved that all the diseases of infection are due to the organism of fermentation.

"Dr. Richardson complimented Dr. Samson on making as good a defence as was possible of his various points. The germ theorists were reducing the germ further and further as their microscopes improved, and what they would eventually descend to as a real germ no one could yet say."—*Dental Cosmos*.

Neuralgia probably attendant upon Galvanic Action. By W. G. BROWN, D. D. S., Albany, Ga.

THE following case was related to me by a physician who ranks amongst the highest in the profession, and, thinking it might be of interest, I send it to you for publication: A man called upon the doctor to have a tooth extracted, as he had pain all over the right side of his face, which he located in one of the molar teeth that had apparently a very nice gold filling. The patient was dismissed without extracting the tooth, as the doctor thought that the pain was due to neuralgia caused by something else, and treated him accordingly. The patient called again the next day, saying the tooth must come out, as it pained him intensely. It was extracted, but no relief was afforded. He called on the following day and desired to have other teeth removed. The molar tooth that had been extracted was broken open, and found to have been half filled with tin foil and finished with gold. The other fillings were then taken out of the remaining teeth and found to have been in the same condition, thus making a galvanic battery. The patient was sent to a good dentist to have these fillings renewed with gold. Immediate and permanent relief was thus obtained.—*Dental Cosmos*.

Medical Patents.

THE editor of the *Richmond and Louisville Medical Journal*, Dr. Gaillard, says, on the subject of patenting surgical instruments: "The practical man accepts the world as he finds it; this constitutes the difference between himself and the Utopian dreamer. A practical view of this subject is the view adopted by practical men and practical legislators, in connection with other avocations. Reasoning thus, it is certain nothing has so benefited the poor as the labor-saving machinery of the present day, and this has been chiefly invented because the inventor was sure of a competent reward. Destroy the system of patents, which secures to all men but physicians a reasonable reward for their ingenuity, and the teeming halls of the Patent Office would be at once deserted; the great wheel of mechanical progress would be arrested, and the many labor-saving machines, bringing increased comfort to the poor and needy, would cease to spring from the toiling laboratory of the inventor's brain. It is, in the judgment of the writer, almost a certainty that the patenting of surgical instruments and appliances would increase rather than in any respect diminish the comforts of the poor in their sickness and affliction, and it would give remunerative employment to thousands in and out of the profession, who are now practically idle and socially unremunerative."—*Med. and Surg. Reporter*.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

A Descriptive Catalogue of the New Sydenham Society's Atlas of Portraits of Diseases of the Skin. Compiled at the Request of the Council. By JONATHAN HUTCHINSON, F. R. C. S., Hon. Sec. to the New Sydenham Society, Surgeon to the London Hospital for Diseases of the Skin, Surgeon to the London Hospital, and Lecturer on Surgery, etc.

PART I. The New Sydenham Society, London. Lindsay & Blakiston, Philadelphia.

In compiling this catalogue the author has given a brief description of the principal features of each portrait, and stated the chief synonyms of the disease illustrated. Wherever practicable a concise history of the case has been given, and references to other portraits of the same disease, or to written descriptions of it, have been appended.

Specific Medication and Specific Medicines. By JOHN M. SCUDDER, M. D., Professor of Principles and Practice in the Eclectic Medical Institute, Author of Principles of Medicine, etc. Pp. 253. Cincinnati: Wilstach, Baldwin & Co. 1870.

THE author's views of specific medication and specific medicines have become familiar to most of the Eclectic medical profession, through his contributions to the *Eclectic Medical Journal* of Cincinnati. The work before us is an embodiment of these articles, with considerable additions.

By *specific* medicines the author does not mean to convey the idea that certain medicines will, in all cases and under all circumstances, cure certain diseases, but that there is a positive and direct antagonistic action between remedies and disease, and that when the practitioner has a clear and definite knowledge of this antagonism he can, by the use of individual remedies, accomplish certain well defined objects.

After enunciating his theory of specific medication and insisting upon the necessity of specific diagnosis, he considers the preparation of medicines, their forms, doses and administration.

No new classification of remedies is attempted, but the different articles of the *Materia Medica* are taken up in alphabetical order.

EDITORIAL.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY, OF THE STATE OF NEW YORK.

THIS Society opened its annual session at the City Hall, in Albany, January 25th, 1871, at 10 o'clock, A. M., the President, Alexander Wilder, in the chair. Rev. Mr. Buck, of Niagara Falls, Chaplain of the Society, opened the exercises with prayer. The President, after announcing the organization of the meeting, informed the Society of the death of Dr. L. Stanton, one of the old members of the Society, and one of the staunch pillars of medical reform for the past thirty years. The list of members was then called; minutes of the previous meeting were read and approved. The roll of Districts was then called, and the credentials of each of the Delegates were referred to the Board of Censors. Dr. Danelson was, upon motion, appointed special reporter of the session. The Secretary's reports of the last annual meeting at Albany, and the semi-annual meeting at Rochester, were offered and read.

The reports of officers being in order, the President called attention to the superiority of the present edition of the Transactions of this

Society for 1870. He also announced that an edition of (2,500) twenty-five hundred copies had been published for the Society, and that a large demand was already made for this work. The volume contains 864 pages, printed on fine paper, and well illustrated.

The report of the Treasurer, Dr. D. E. Smith, was then read. This, with the financial statement made by Dr. Comins, the Secretary, was referred to a special committee.

On motion of Dr. Freeman, a committee was appointed to nominate officers for the ensuing year. The committee consisted of Drs. Freeman, Newton, Fenner, Jones and Hurlburt.

A committee of three was appointed to consider the conduct of Dr. Van Aëman, of the Pension Bureau; Drs. Alexander Wilder, M. M. Fenner and J. E. Danelson were appointed. The Society then adjourned till 3 P. M.

AFTERNOON SESSION.

The meeting was called to order by the President. Dr. E. Freeman presented a report on surgery.

The Board of Censors reported favorably upon the applications for membership of Drs. A. L. Purdie, B. M. Genung, John H. Dye, N. Bedortha, G. W. Carpenter, A. G. Finkle, Helen A. Goodspeed, John H. Johnson and T. N. Skelline, all of whom were unanimously elected as members of the Society. Dr. D. E. Smith presented a report on *Materia Medica*. Dr. J. W. Johnson, of Hartford, Conn., an honorary member of this association, was introduced, and addressed the Society for a few minutes. Dr. R. S. Newton, the Chairman of the Committee on the National Medical Association, made a lengthy report, informing the Society of the complete success in organizing and holding one of the most interesting meetings in Chicago, in September last, that has ever been held in the United States.

Dr. M. B. Hayden read an essay on the Theory and Practice of Medicine. Dr. W. D. Jones read an essay on Medical Statistics. Dr. A. W. Russell presented a description of several cases of great interest.

Reports were made as follows:

Dr. H. C. Taylor, on Cholera.

Dr. A. P. Parsons, on Dysmenorrhœa.

Dr. A. S. Davis, on Medical Education.

The Committee on nomination for officers reported in favor of—

President—Samuel Tuthill, M. D., Poughkeepsie.

Vice-President—M. M. Fenner, M. D., Fredonia.

Secretary—Alexander Wilder, M. D., New York.

Corresponding Secretary—J. E. Danelson, M. D., Little Falls.

Treasurer—J. M. Comins, M. D., New York.

Librarian—R. J. Burton, M. D., Albany.

BOARD OF CENSORS.

Drs. W. D. Jones, J. E. Hurlburt, H. Pease, R. Hamilton, B. J. Stow, O. H. Simons and E. Freeman.

All of whom were unanimously elected.

Doctor Robert S. Newton submitted resolutions upon the subject of the great evil which now exists in this country, of confining persons in lunatic asylums without proper legal procedure, and calling upon the present General Assembly to pass the bill reported by the Hon. James W. Husted, with such modifications and alterations as may be necessary to remedy the evil.

Resolved—That Doctors Wilder, Danelson and Newton be a committee to take charge of the subject.

Resolved—That the Librarian furnish one copy of the published Transactions of this Society for 1870 to the officers of each State Eclectic Medical Society.

The Auditing Committee reported upon the whole indebtedness of the Society. The report was received, and the bill ordered to be paid. An appropriation of one hundred dollars (\$100) was made to prepare the next volume of Transactions.

Dr. Wilder offered a resolution that all members of the Society who were in arrears for their annual dues, and auxiliary societies who had not complied with the law of their organization by having paid their annual dues to the State Society, be not supplied with the Transactions until such dues shall have been paid.

The resolution was passed.

On motion, the Society adjourned to meet in the Assembly Chambers at 8 o'clock P. M., at which time Dr. Wilder delivered an able and scholarly address upon the "Jurisprudence of Insanity," an abstract of which will appear in a subsequent number of the REVIEW. This lecture was listened to with marked interest.

SECOND DAY—MORNING SESSION.

President Tuthill in the Chair.

It was resolved, that the committee of three should be continued,

with power to act and take the whole control and management of the subject referred to before the Pension Bureau.

Resolved, That the Secretary correct the list of names of Honorary Members of this Society.

Resolved, That biographical sketches of Drs. Stanton, Hadley and Prince be introduced into the next volume of Transactions. The Society of the Fourteenth Senatorial District was admitted to membership.

Drs. J. M. Comins, H. E. Firth and E. Freeman were appointed a committee to examine the Treasurer's accounts for the last three years. The subject of the formation of a Historical Department of this Society, after a report from the Chairman, was laid over for one year, Drs. Newton, Jones and Davis, being the committee for the coming year.

Dr. Fenner read an essay on Uterine Therapeutics, exhibiting illustration and instruments.

Dr. Pease presented an essay on Medical Hygiene. Dr. Robens, on Scrofula. Dr. Newton, on Eclectic Pharmacy and New Remedies. Dr. Freeman, on Stricture of the Urethra.

On motion, it was resolved that the semi-annual meeting for the coming year be not held, and that all the members of the State Medical Society be urgently requested and invited to attend the meeting of the National Eclectic Medical Association, to be held in New York, in October, 1871.

On motion, the Delegates to said Convention are to be appointed by the President and Secretary, who are to give due notice of the same.

On motion, one hundred dollars (\$100) was appropriated for preparing the Transactions of 1869 and 1870.

Fifteen dollars was appropriated for Dr. Danelson, as reporter of this meeting.

The committee which was appointed at the semi-annual meeting of last year, to consider the charges made against the Eclectic Medical College of Pennsylvania of selling diplomas, made a report, and asked for further time. The same committee was continued.

Various other resolutions and matters of great importance were offered and considered by the meeting.

A vote of thanks was tendered to the Honorable Mayor of the City for the use of the hall, and to the retiring officers for their services.

The appointment of the various committees will be published hereafter.

The Society adjourned to meet in the city of Albany on the fourth Wednesday of January, 1872.

ECLECTIC MEDICAL BOOKS.

Symes' Surgery: Eclectic Treatise on Diseases of Children; Eclectic Practice of Medicine. New Editions.

A LARGE edition of the above works were in the bindery, and nearly ready for delivery, when the whole was destroyed by fire.

A new edition is now in press and will be ready for the trade in a few weeks. These books have met with a fine sale, and there is a constantly increasing demand for them.

There have been published and sold the following number of volumes: Symes' Surgery, by Newton, 2,500 copies; Diseases of Children, by Newton, 2,200 copies; Eclectic Practice of Medicine, by Newton, 2,000 copies.

We would inform those of our readers who have sent orders for any of the above works that they will be supplied in a few weeks.

SKIN DISEASES.

THE attention which has been paid to dermatology within the last few years has resulted in the accumulation of a vast quantity of material respecting the features, diagnostic points, and clinical history of skin diseases. The admirable and correct portraits delineated in the atlases of Hebra, Wilson, Neligan and others have proven invaluable to the less experienced practitioner in giving names to well marked cases, and assisting him in differential diagnosis.

The New Sydenham Society has for several years been engaged in preparing an atlas of Skin Diseases. The work has already considerably advanced, and now embraces a large number of the more important skin diseases. More than four hundred copies of this Atlas are now in the hands of the profession, and have been distributed to almost all parts of the world. Under the present scheme it is thought that it will be completed in about five years, or at least illustrations of the more important skin diseases will have been included.

The present issue includes copies of a few of the splendid portraits published by Prof. Hebra, of Vienna, but most of them have been

made from original drawings, illustrating typical varieties of disease. As specimens of untouched chromo-lithography some of the portraits contained in this atlas are probably unequalled by anything of the kind ever before attempted.

EXTRACTUM PINUS CANADENSIS.

WE would invite the favorable attention of our readers to the above new remedy.

It has the endorsement of prominent physicians who have given it an extensive use. It is especially recommended as an injection in leucorrhœa, and as a topical application in ulcerations of the os uteri, prolapsus ani, piles, etc.

We would be pleased to have our readers test the remedy, and communicate the results of their experiments.

NEWS AND MISCELLANY.

THE BROOKLYN ACADEMY OF ECLECTIC MEDICINE held their regular monthly meeting at the Brooklyn Eclectic Dispensary, 232 Myrtle avenue, on Wednesday evening, Dec. 7th, 1870. Dr. H. S. Firth president *pro tem*. Minutes of the previous meeting were read and approved.

The Board of Censors reported favorably upon the application of Dr. D. H. Smith for membership.

The Committee on Dispensary, Dr. H. E. Firth, reported the number of patients treated during the month of November. The Constitution of the *Eclectic Dispensary* was read: "The purposes and object for which the association known as the *Brooklyn Eclectic Dispensary* was formed are the maintenance of a public dispensary in the city of Brooklyn, where all necessary medical and surgical treatment shall be gratuitous to indigent persons; the treatment to be in accordance with the '*American Eclectic Practice of Medicine*,' and the principles avowed and maintained by the '*Brooklyn Academy of Eclectic Medicine*,' by other reputable institutions in such practice and principles, and by physicians of the '*Eclectic School of Medicine*,' &c., &c."

The essayist, Dr. D. H. Smith, read a very interesting and practical paper upon "*Biliary Calculi*."

The essayist, after giving the history and symptomatology of the disease and the different varieties of biliary formations, with their pathological and chemical distinctions, proceeded to discuss the treat-

ment. The plan of treatment which he pursues embraces two principles: First—to relax the spasmodic and constricted state of biliary ducts. Second—to increase the peristaltic action of the whole intestinal canal by an unirritating cathartic.

One of the relaxant means which he employs is gelseminum; this agent has no equal (if we except chloroform) in the whole *materia medica* as a relaxant of the muscular system. He also combines with the above fluid ext. taraxicum and podophyllin in the following proportions:

R. Tinct. of Gelseminum.....	3 i.
Fluid ext. Taraxicum	3 vii.
Fluid ext. Podophyllin.....	3 ss.
M. S. One teaspoonful every four hours.	

The remedy to which he attaches the most confidence is the oleum olivæ in large doses—say three to four ounces at a dose every four hours, until the bowels are freely opened.

The above two prescriptions are given in alternation until the bowels are freely acted upon, when the gall stones will be removed during catharsis.

The paper was received and referred.

Dr. H. E. Firth reported a very interesting case of a child born with an entire absence of the levator palpebræ muscles. This is a condition which no surgical art can remedy. The child is now five months old, and when of sufficient age will have to be instructed to raise the lids by digital manipulation in order to see objects.

Dr. James has found the following wash very good in a case of prurigo; thinks it may be found good in many forms of pruritic diseases:

R. Tinct. Belladonna,	
Tinct. Hyosciamus.....	a. a. 5 i
Zinci Sulph.....	gr. x.
Potassæ Chloratis.....	3 i.
Aquæ Rosæ.....	5 v.
M.	

Dr. Jones reported an interesting case of gangrene of a male adult.

Dr. J. Danelson presented a morbid specimen of degenerated placenta.

Essayists appointed for next meeting—Drs. Theodore F. Van Skel-lyne, M. S. James and H. C. Cooper.

H. E. FIRTH, *Secretary*.

DOCTOR WILDER.—Alexander Wilder is one of the political writers on the *Evening Post*, and is one of its authorities on statistics. He was born at Verona, near the Springs, Oneida County, and is now forty-seven. His father was a farmer, and his mother had a deep sense of the value of knowledge. They sent him early to school,

where he made rapid proficiency. He was advanced in Latin and Greek, and some of his friends urged him to the study of theology, but he did not see his way clear to the ministry, his preference being in another direction. Writing for the press was a proclivity which appeared early. In his twenty-seventh year he went to Syracuse, where he assisted in starting the medical college, and delivered four courses of lectures—one on physiology, the other on anatomy, and two on chemistry. He then became connected with the *Syracuse Star*, and at the end of a year entered the office of the *Syracuse Journal*, from which position he was invited to a position in the Department of Education at Albany. In 1855 he edited the *New York Teacher*, and in 1856 he was assistant editor of the *American Journal of Education*. For two years he has been President of the State Eclectic Medical society, and he is now the associate editor of the *American Eclectic Review*. He is also President of the Eclectic Medical College and Director in the Homœopathic College. Dr. Wilder accepted a position on the *Post* in 1858, and has been for twelve years its Albany correspondent during the winter. His varied experience gives him a literary and scientific versatility which is of important service in such an establishment.—*Troy Times*, Dec. 26, 1870.

PILLS AND POETRY.—A writer in an evening contemporary, eulogizing the recent lecture in blank verse on consumption by Dr. Bennett, invites other members of the profession to try their poetical hands on an argument on typhoid fever, and even chills and fever. We respectfully but emphatically protest. Poems on pomology are bad enough, and we remember to have read an ode on odontalgia, which is the soft mannered name for toothache; but these be only light afflictions in comparison with the proposed assaults on the muses. Think of a Distich on Dysentery, a Lyric on Lithotomy, Verses on Vomiting, Rhymes on Rheumatism, and an Epic on Ipecac. And these are but a tithe of our miseries if we do not frown down and throttle this proposed medical jingle in its infancy. Dr. Bennett hardly merits our approbation if his poetical lecture is to be the prolific progenitor of all manner of rhymed or blank-versed diseases.

Sickness is unpleasant enough at best, but it will become "most intolerable and not to be endured," if to its dolorous dreadfulness we are to have added the doggerel of the doctors.

Physicians destroy patients enough now, the sexton knows, but no iron-clad patience will be proof against their poetry. Fancy a doctor coming to your bedside, while you are in the clutches of colic, and addressing you with—

"Was thine ache
Produced by cake?
And is thy travail
About thy navel?
Then thou must take
Hot towels
And apply to thy bowels."

Or, suppose you had the pneumonia, and he should burst into the room shouting

“Stop that dreadful cough!
Take this syrup,
Thy spirits to cheer up,
And throw the expectoration off.”

You see you couldn't stand it. The disease might be harmless enough, but no constitution could survive a metrical attack like that.

Or if, in imitation of Dr. B., the physician should choose the blankest kind of verse as a vehicle for his counsel, who could endure an address such as this:

“The ailment which doth vex thy body sore
Is diarrhœa called; various its cause,
And with a like variety its symptoms marked.
Oft times the liver is at fault; anon
Unripeness in the food or eke the fruit,
Which thou dost put, in quantity excessive,
Thy craving stomach into. The hue
Of the dejections various is, as is
The cause; now russet brown,
Now of a golden tinge, like that which Sol,
The God of day, behind him thrown
Upon the clouds of even—those curtains
Of the couch the which he into nightly crawls;
Perhaps 'tis dirty white, indicative
Of scanty bile; or green, which acid shows.
The treatment which doth promise best
To rid thee of thy ills, and soon restore
Thy wonted regularity, dependent is
Upon thy symptoms and the state
Of thy disease. This physic first,
Thine alimentary canal to clear:
Then castor oil, whose richness tempered is
With paregoric's pungency, will do thee good,
And chalk and crane's bill set thee on thy feet.”

We trust that this physical poetry shall not prevail. We beg Dr. B. to refuse all invitations to repeat his address, and we hope the poor suffering public will shoot at sight every pill pedlar who shall attempt to carry into practice the suggestions alluded to. Then we shall be forever and forever spared such a prescription as this:

“If the cramps your inwards vex
Take S. T. 1860 X.”

But we forbear. And so must the poetical doctors.

WHAT IS A QUACK?—The Court of Appeals of the State of New York lately ruled that in that State it is libelous to style a homœopathic physician a quack.

“Mr. Justice Sutherland, in delivering the opinion of the Court, after stating that prior to 1844 only the allopathic school was recognized by the law of the State, but that in 1844 an act was passed abolishing all restrictions on the practice of medicine, goes on to say:

“To call a physician, whether homœopathic or allopathic, a quack, is in effect charging him with a want of the necessary knowledge and

training to practice the system of medicine which he undertakes to practice, and which he holds himself out as having undertaken to practice, and I do not see why it is not now, and has not been since the act of 1844, just as actionable falsely and maliciously to call a homœopathic physician a quack as to call an allopathic physician a quack. There cannot be any doubt, I think, that to call either a quack is actionable, and has been since the act of 1844."

This ruling will recommend itself to all as just, not only under the State law but under lexicographical law. A quack may be a homœopath or any other path, but no one "system," honestly pursued, can with propriety be called quackery.—*Medical and Surgical Reporter*.

A TEMPEST IN A TEAPOT.—The Hudson County (New Jersey) Medical Society has recently been putting itself on the record in an unenviable manner. The majority in it have taken a dislike to a certain medical practitioner in Jersey City, who is a skilful and successful surgeon (*hinc illæ lachrymæ*, we imagine), and reputable member of the American Medical Association. They attempt not only to frown down any medical journal which publishes articles by him, but even to ostracise his associates. Of course, their efforts in either of these directions only serve to display an impotent malignity, but we do regret that medical men should thus expose their weaknesses.—*Medical and Surgical Reporter*.

GRAINS OF MEDICAL SCIENCE.—To measure the circumference of the chest is no criterion of the volume of lung capacity for air. In comparing two sound persons—one tall and spare, and measuring thirty-four inches around the thorax, the other of less height but more full, with a thoracic measure of thirty-six and a half inches—the tall person inhaled 280 cubic inches of air, while the other inspired but 225.

Tincture of gum guaiacum half an ounce, and essence of gaultheria one drachm, added to one pint of cod liver oil, wholly covers the taste of the oil.

In the almost daily use of opiates for twenty-five years they have sometimes surprised and alarmed me. Twice in private practice, and several times in the practice of the U. S. Vol. service, the effect produced upon the patient shortly after it was taken was a frightful gastralgia, which resembled colic. Sulph. morphia produced it once; the other cases were from camphorated Dover's powder. This evil effect was at once relieved by a second dose, or a dose of black pepper or capsicum.

A solution of sulph. atropia in water, if allowed to stand a few weeks, is decomposed, and becomes essentially inert.—*Pacific Medical and Surgical Journal*.

OF forty-seven Sisters of Charity employed in the Paris hospitals eleven have died of small pox.

EXTREME CONTAGIOUSNESS OF SCARLET FEVER.—A distinguished British physician, writing in the London *Lancet*, and advocating the contagiousness of scarlatina, mentions the case of a man who was

seized with the disease after opening and reading a letter from a friend affected with it, and who wrote: "Even while I write you my hands are skinning." It is not stated positively that the disease came in the letter, but such is the inference. We in California have heard of still more astonishing results from letters written by men on this coast to their wives in the Atlantic States.—*Pacific Medical and Surgical Journal*.

TREATMENT OF GANGLIONS.—Dr. Skey, of Bartholomew's Hospital, in a clinical lecture reported to the London *Lancet*, condemns the ordinary treatment of ganglionic swellings, which consists in giving a smart blow with a book or other body, and adds: "I advise you to adopt in great preference to this coarse and old-fashioned treatment the following, which rarely fails to obtain an early, if not an immediate, cure. Its object is to evacuate the *entire* contents of the cyst, and to bring its opposite surfaces into perfect opposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forward, in order to tighten the skin over the cyst, pass vertically into the centre of the tumor a broad shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. Then apply a well made, thick compress of lint, and strap it down tightly with good plaster, and lastly a roller may be applied. In forty-eight hours the wound has healed, and the ganglion is seen no more.—*Pacific Medical and Surgical Journal*.

NEW METHOD OF TAPPING.—Dr. Protheroe Smith, of London (*Med. Press and Circular*), adapts an exhausting syringe to the needle trocar for the evacuation of fluids in the joints, pleura, etc., and even for tympanitic distension. In a case of ascites he drew sixteen pints of fluid from the abdomen in less than half an hour.

A NATURAL BONE SETTER.—An English paper copies *verbatim et literatim*, a certificate, of which the original copy is on hand for inspection:

Billinghay

1869 August 20

Mr William Flartes A Plyed to Mee Been Lame of is Left knee A Strange Inflammation in the joint the coveren of the knee Muived this Man Must Rest A time of it

Mr H Mastin
Bane Scetter

CANCER is said to prevail mostly in alluvial and badly drained soils, and least in dry, rocky districts.

THE Turkish Bath has been introduced in the Lunatic Asylum of Cork, with the best results, the proportion of cures being greatly increased by it.

SOMNAMBULISM ARTIFICIALLY PRODUCED.—Dr. Jas. Russell says (*Med. Times and Gaz.* and *Boston Med. and Surg. Jour.*): “Somnambulism may be produced artificially. Dr. Richardson has recorded some interesting observations in the Reports of the British Association, 1865, p. 274, showing that a state analogous to somnambulism sometimes follows the inhalation of amylene. A patient was entirely senseless, and in this condition underwent a severe surgical operation; yet ‘she talked with considerable correctness on the topics of the day, seizing objects with precision.’ He experienced proof that he had produced the same condition in his own person, though quite unconscious of his acts; and he quotes a like instance witnessed by Dr. Snow, in which a child played with a ball, throwing it into the air, catching it with precision, talking and laughing all the time, yet to all appearance perfectly unconscious.

“Certain phenomena prove that varying conditions of different parts of the brain, as regards the state of activity, may be consistent with the continuance of sleep, though whether with what is understood by the perfect form of that condition has been differently interpreted; it seems certain that some portions of the organs may be asleep while others are, at least partially, awake.”

PULMONARY FETOR.—“Dr. Laycock (*Edinburgh Med. Jour.*) asserts that there are three distinct kinds of pulmonary fetor—that of ozæna, that of fæces, that of gangrene. The latter, due to putrescent decomposition of pulmonary tissue, is characteristic of true gangrene. The ozæna order is connected with chronic tissue changes of rheumatic origin, as with fibrinous exudation and degeneration. It is found chiefly in bronchitis and bronchorrhœa and fetid fibroid vomicæ. The fecal order may also be observed under these circumstances, and has too, probably, a rheumatic origin.”—*Medical Record.*

SYPHILIS AND SCROFULA, DIFFERENTIAL DIAGNOSIS BETWEEN.—The Paris correspondent of the *Medical Press and Circular* writes that “M. Bazin mentions a piece of diagnosis between disease of the nostrils arising from syphilis and scrofula, which will be, I am sure, felt to be very useful by practitioners. He says that syphilis destroys first of all the bones and cartilages of the nose and of the palate before touching the integuments, while scrofula does not reach the bones before it has first destroyed the superficial parts. This is very practical.”

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.—The tenth semi-annual meeting of the Massachusetts Eclectic Medical Society was held at the Revere House, Boston, Jan. 11th, Dr. C. E. Miles, President, in the chair.

At the morning session essays were read by Dr. J. A. Andrews, of Taunton, on “Podophyllin.” Dr. H. G. Newton, of Provincetown, on “Indigestion of Oils.” Dr. M. B. Kenney, of Lawrence, on “Electricity as a Curative and Therapeutic Agent.” Dr. Wm. E. Underwood, of Boston, on “Chronic Catarrh of Bladder,” and by Dr. H. W. Buston, of Worcester, “Is Consumption Curable.” The essays

were all elaborate, and were each followed by a general and interesting discussion.

The semi-annual dinner was served at 2 P. M.

At the afternoon session essays were read by Dr. C. A. Wheeler, of Leominster, on "Capital Amputation," and Dr. F. L. Gerald, of Nashua, on "Dyspepsia," which elicited much discussion.

The annual meeting of the society will be held in Boston, June 1st and 2d, 1871. The annual address and dinner on June 2d.

MILBREY GREEN,
Secretary.

THE PHILOSOPHY OF CHILLS AND FEVER.—In a review of Dr. Salisbury's theory of intermittent fever, by Dr. John W. Weir, Edwardsville, Ill. (*Boston Med. and Surg. Journal*), the philosophy of chills and fevers is thus laid down :

"A person exerts himself during a warm day; a cold wind comes on, or night fall, while he is in a profuse perspiration, and without nourishing food, or additional clothing, he loses a large supply of animal heat. This is repeated daily for a time; the extremities of the exposed person becomes cold he loses vitality, his heart beats feebly and he sinks into a chill; he is *really dying*, and if there is not vital power enough left, death ensues; if life continues, however, a series of phenomena takes place, which, by appropriate treatment, may result in recovery. He does not believe that intermittent fever is produced by any miasmatic poison, but is the result of sudden and repeated draughts of animal heat from the system, which feeble persons can prevent only by suitable clothing, nourishment and tonics."

A CURE FOR LOVE MELANCHOLY.—Dr. James Ferrand, of Oxford, in 1640, published the following treatment for *love melancholy*: "The regimen or order of diet in cure of love melancholy differs not at all from that that is to be observed in the prevention of it, save only that it ought to be somewhat more humectative and less refrigative—not forgetting, in the meantime, those meats that, by some certain occult properties they have in them, are found to be very good for those that are sick of this disease—as the turtle-dove, the heart of a wolf, young owls taken and boiled in the juice of marjoram, the flesh of rats and the like. And if the party be fallen away in his body, and is now grown very thin and dry, you must then prescribe him the same order of diet, according to Avicen, as you do those that are hectic."

VACCINATION FROM KINE.—The great importance of the question of vaccinal syphilis, which has perhaps been intemperately urged in some quarters, but which cannot yet be said to be definitely settled, renders it highly desirable that there should be furnished to the general practitioner some reliable guarantee against a repetition of the unfortunate occurrences which have given rise to the question. Such a guarantee would seem to exist in the use of *non-humanized vaccine*. Heretofore the impossibility of obtaining such virus, except in rare instances, has

stood in the way of its general adoption. We can now state, however, that through the enterprise of Dr. Henry A. Martin, of Boston, who has propagated through calves' vaccine direct from the Beaugency stock, this difficulty is at last overcome. It will be gratifying to the members of the society to know that a supply of non-humanized virus, from the same source, is now kept up in New York, by a series of inoculations on healthy calves, by Dr. Frank P. Foster, of the New York Dispensary.—*Med. Record.*

THE PULSE.—The pulse was first noticed by Galen. It is slower in the inhabitant of the country than in one of the city. In the West Indies it is 100; in Greenland as slow as 40; and is slowest in the cold climates. It is slower in the winter than in summer. Is slow in the morning, quick at noon, and more frequent at night.—*Med. and Surg. Reporter.*

HEREDITARY TWIN-BEARING FAMILY.—Dr. Curgenvén (*Trans. Obstetrical Soc. of London*) attended a lady who was delivered of twins for the fourth time; she had severe flooding, and barely escaped with her life. This was her sixteenth conception during a married life of 16 years. Her mother had twins once, her aunt once, and her great-grandmother twice.

NOTE ON THE PHYSIOLOGICAL EFFECTS OF CARBONIC OXIDE. BY PROF. A. R. LEEDS.—I accidentally, respired, some time ago, a quantity of pure carbonic oxide. The gas was contained in a quart bottle, from which I inhaled certainly less than a pint—probably a quantity not exceeding a gill—into my lungs, previously exhausted through expiration of atmospheric air. For a moment no change of mental impressions or of bodily feelings was noticeable. The next, without any intermediate condition, I was struck senseless to the floor. Fortunately, the bystanders rushed immediately forward, tore open my clothing, poured water upon my wrists and head, and applied violent friction to my limbs. The pulse had stopped beating, or beat so feebly that in the agitation of the moment it was imperceptible; the chest had ceased to expand and contract, the complexion had assumed a livid hue of death, and the temperature of the body was rapidly falling. The operation of the carbonic oxide was so immediate as to prevent the lungs from throwing off the single charge they had received, and the shock arising from the remedies employed probably enabled them to do so. A slight nausea, which passed off in the course of a few hours, and a dulness and oppression in the crown of the head, lasting some time longer, were the only effects which remained after restoration to consciousness.—*Medical Times.*

NARROW PELVIS.—EARLY ARTIFICIAL DELIVERY.—Dr. Otto Spiegelberg, of Breslau, has undertaken to show (*Lancet*, November, 1870, p. 677) by statistics that the result of the induction of premature labor are less favorable than the consequences of waiting for natural delivery, even when the conjugate diameter is a little less than three inches.

DEATHS FROM SNAKE POISONING IN INDIA.—Dr. Fayrer has obtained returns from a number of districts in India relative to the frequency of death from snake bites in that country. The result is truly appalling. It appears that the mortality from this cause, over parts of India equal to about half the area of Hindostan, amounts annually to 11,416 cases, made up of 6,645 in Bengal, 1,995 in the northwest provinces, 755 in the Punjaub, 1,205 in Oude, 606 in the central provinces, 90 in Central India, and 120 in British Burmah. Dr. Fayrer estimates the entire mortality from snake poisoning in Hindostan as 20,000 annually. In order of destructiveness the cobra takes the first place, and the krait, or *Bungarus ceruleus*, the second.

ACCIDENT INSURANCES.—A man in Michigan was recently robbed and murdered while on his way home, on foot. He held a policy in an accident insurance company, and his administrator sued to recover upon this; but the court sustained the company in their position that travelling on foot did not come within the expression "by public or private conveyance," used in the policy. We cannot but think this decision a strange one; and it will affect very materially the value of such policies, if it becomes a precedent. Surely they ought to cover all accidents met with while the holder is travelling upon his lawful business, whether on foot, by carriage, by steamer or by railroad.

IS PIROGOFF DEAD?—A year or two ago we had a detailed account of the death of this eminent surgeon from excitement, after an encounter with robbers; but in the *British Medical Journal* for October 29, 1879, we find that—

"According to the St. Petersburg papers, the celebrated Russian surgeon, Pirogoff, at the special order of the Czar Alexander, set out for Bale at the end of September, in order to place himself at the disposal of the National Association for the Aid of the "Wounded, for service on the theatre of war in France."

WINES.—In an interesting paper in the *Practitioner*, on wines, the editor and staff arrive at the following conclusions:

Sound natural wines are to be obtained most economically from the Bordeaux districts, the red wines being the best.

Rhine wines (white) are equally good, but more expensive.

Hungarian and Greek wines are often very good, but unequal, from defects of manufacture, and too expensive.

The fortified wines (*i. e.*, those to which alcohol is added during manufacture) develop no proper qualities till they have been some years in bottle. Sherry is, however, greatly superior to the other wines of this class, in the rapidity with which it develops the volatile ethers, upon which much of the value of wines depends. Sherry is the appropriate stimulus of the enfeebled nervous system of old age, as well as of certain kinds of infantile and youthful debility. Children who are especially benefited by the habitual use of wine, are—1. those in whom a tendency to wasting is very marked, *i. e.*, those who, *without positively* seeming ill, are very apt to run down suddenly in flesh, with or without loss of appetite; 2. those who readily contract catarrhal affections,

which are very slowly shaken off. The best way of administration is in combination with a simple bitter, at a fixed time of day. Thus, a child three or four years old may take a teaspoonful of sherry, made up to a table-spoonful with infusion of gentian, three times a day.—*Ibid.*

UTERINE HÆMORRHAGE ARRESTED BY HEAT TO THE SPINE.—Professor Beneke, of Marburg (*Medical Mirror*, from *Medical Record*), has arrested hæmorrhage from the uterus, in several cases, by the application of heat to the spine. He thinks much can and will be done by the principle of applying cold and heat to the spine. So far as the heat is concerned, his experience has fully convinced him of its extreme usefulness in certain cases.

OIL OF PEPPERMINT AS A LOCAL ANÆSTHETIC.—Alfred Wright, L. R. C. P., Edin. "A few years ago, when in China, I became acquainted with the fact of the natives, when suffering with facial neuralgia, using oil of peppermint, which they lightly apply to the seat of pain with a camel hair pencil. Since then, in my own practice, I, in the same way, frequently employ oil of peppermint as a local anæsthetic, not only in neuralgia, but also in gout, with remarkably good results; indeed, the relief from pain I have found to be almost instantaneous."—*Lancet*.

TOMATOES CONSIDERED UNHEALTHY.—Dr. Dio Lewis thinks (*Sci. Amer.*): "The common impression that tomatoes are the healthiest of all vegetables is a mistake. If eaten at all, it should be with great moderation, and never raw. Tomatoes have sometimes produced salivation. Dr. Lewis knew a young woman who had lost all her teeth from excessive eating of tomatoes."

TANNIN VERSUS ALUM.—"Dr. Max Jaffé, of Hamburg, contends (*Med. Press of Vienna*) that alum, so frequently used for gargles, is hurtful to the teeth, and holds that tannin, dissolved in water or red wine, is far preferable."—*Lancet*.

CAUSTIC MATCHES.—"We find the following useful hint in the *London Chemist and Druggist*: 'As it is of importance in the use of lunar caustic to have it free from all infecting matter from previous use, I took some common matches, and cut off the igniting portion; I then dipped their ends into lunar caustic, melted; by so doing, I obtained what I called caustic matches, which enabled me to use a fresh piece of caustic daily, free from infecting matter, which would not be the case if the same piece of caustic was used repeatedly, and not carefully cleansed. Besides which, this plan enables a minute point of caustic to be ready at any moment when required.'"—*Boston Jour. of Chemistry*.

SIMULTANEOUS BOILING OF TWO LIQUIDS WHICH ARE NOT MISCIBLE.—A Kundt. The chief point of interest in this paper, wherein the author gives an account of a series of experiments made with water and benzol, water and oil of cloves, water and sulphide of carbon, is,

that two liquids, not miscible with each other when in contact, boil at a lower temperature than when the most volatile of these liquids is brought to ebullition by itself.—*Annalen der Physik und Chemie and Amer. Chemist.*

STATISTICS OF HYDROPHOBIA.—M. Bouley has presented to the Academy of Sciences a valuable report, based upon the official cases of hydrophobia reported between the years 1863 and 1868.

It appears that the report includes three hundred and twenty persons who have been bitten by mad animals, *i. e.*, two hundred and eighty-four by male dogs, twenty-six by bitches, five by cats, five by wolves.

Of the three hundred and twenty the bites were followed in one hundred and twenty-nine cases, (40.31 per cent.) by symptoms of hydrophobia and by death. In one hundred and twenty-three cases, (38 per cent.) no such symptoms followed. In sixty-eight cases the result was not reported; but probably most of them recovered, as the author thinks it more probable that a fatal result would have been noted.

Of the three hundred and twenty persons bitten, two hundred and six were males, eighty-one females. In thirty-three cases the sex is not mentioned. Of two hundred and six males, one hundred (or 48 per cent.) died; while of eighty-one females but twenty-nine (or 36 per cent.) died.

The age at which most cases occurred was from five to fifteen; but at this age the bites are more rarely followed by hydrophobia; thus, of ninety-seven cases between five and fifteen, the mortality was but twenty-six; while between fifteen and twenty-five, twenty-five cases occurred with twelve deaths; between twenty-five and thirty-five, thirty-four cases, with twenty-one deaths; and between thirty-five and forty-five twenty-eight cases, with seventeen deaths.

Season had but little influence on the frequency of the cases: thus, during April, May and June there were eighty-nine cases; during June, July and August, seventy-four cases; during September, October and November, sixty-four cases; during December, January and February seventy-five cases. It is difficult to overestimate the importance of this result, which shows the necessity of guarding against hydrophobia equally at all seasons.

Of one hundred and nine cases when the period of incubation was determined, it was less than sixty days in seventy-six; and in the thirty-three others it varied from sixty to two hundred and forty days, though in but comparatively few cases did it exceed one hundred days. It would follow from this, therefore, that after a bite from a rabid animal the chances of hydrophobia following diminish rapidly after the end of the second month. The period of incubation is much shorter in young persons, (three to twenty years) than in those older (forty-four days in the first series, against seventy-five in the second).

All of the cases in which symptoms of hydrophobia followed were fatal; the duration of the disease being, in seventy-four out of ninety cases, less than four days; the majority of cases terminating on the second or third day.

The frequency with which the wound was followed by symptoms depended much on its locality; thus, of thirty-two cases where the face was bitten, twenty-nine died; of seventy-three cases where the hand was bitten, forty-six died; of twenty-eight cases where the arm was bitten, but eight died; of twenty-four cases where the leg was bitten, seven died; and of nineteen cases where the trunk was bitten, twelve died.

In regard to the treatment, it appears from the statistics that the application of the actual cautery to the wound as quickly as possible is the surest prophylactic measure; thus, of one hundred and thirty-four bites which were cauterized, ninety-two were followed by no bad symptoms; while of sixty-six bites which were not cauterized, death followed in fifty-six cases. If cauterization (by actual cautery, or by caustics) cannot be practiced, such other prophylactic means as suction or expression of the wound, or the application of a ligature above the wound, should be employed.—*Arch. Gen. de Med.*—*Medical Times*.

A PRECOCIOUS MOTHER.—The Register-General of England report the case of a daughter of an Essex laborer who gave birth to a child before she was eleven years of age.—*Boston Medical and Surgical Journal*.

ROMAN LIFE.—On consulting the tables of Ulpianius, founded on observations of one thousand years, we find that the mean term of Roman life was thirty years. At the commencement of the Christian era, this was the average length of life.

THE TURKISH BATH IN LUNATIC ASYLUMS.—The first lunatic asylum that introduced the Turkish bath was that in Cork, the largest, except one, in Ireland, with accommodations for five hundred patients. Since the introduction the cures have been 40 per cent.; before its introduction only 20 per cent.

THE YEAR'S MORTALITY IN 1870.—The deaths in New York number 27,196. Cholera infantum and diarrhœa carried off 2,600, nearly one tenth of the whole. Smallpox carried off 292, and scarlatina 981. Relapsing fever 87, and yellow fever 1. There were 560 deaths in the Foundling Asylum, and 455 in the Infants' Home. The Coroners had 1,610 cases. Of the whole number of deaths, the United States gave birth to 16,720, Ireland to 5,038, Germany to 2,359. The annual reports for the past five years give these figures:

	Deaths.		Deaths.
1866.....	26,815	1869.....	24,601
1867.....	23,159	1870.....	27,196
1868.....	24,889		

showing an increase over last year of 2,595, and over 1866, when the mortality was greater than during any of the intermediate years, an increase of 381.

AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

MARCH, 1871.

No. 9.

THE JURISPRUDENCE OF INSANITY.*

BY ALEXANDER WILDER.

ASSEMBLED on this occasion at our State Capitol, in social discussion with our representatives and legislators, we take the occasion to state to them what we require at their hands. We ask them, as a Society chartered by them, to grant to our citizens more efficient protection from invasion of personal liberty. We refer especially in this appeal to the matter of persons charged with being insane. This matter has been left too exclusively to the oversight of medical practitioners, and we have too little precaution against their unworthy motives, ignorance, or want of good judgment. It has become high time to give the subject more attention. Not a single person among us is safe from peril, if any one is malicious enough to desire our harm. We need to take a "bond of fate" against physicians especially, till their power to authorize our incarceration in a lunatic asylum is duly curtailed and regulated.

OLD JEALOUSY FOR CIVIL RIGHTS.

It is a marvel that the matter has not received more attention, prone as we conceive ourselves to be very sensitive on all mat-

* Extracts from an Address delivered before the Eclectic Medical Society of the State of New York, at the Assembly Chamber, January 25th, 1871.

ters pertaining to personal freedom. A man crossing our threshold uninvited does it at the peril that we will shoot him down, or fell him to the ground, for the outrage. Our fathers, a century ago, made a revolution because they would not pay a tax, trifling in its amount, which neither they nor their representatives had any part in the imposing. A little more than two centuries ago King Charles I lost his head at Whitehall, as the penalty for assailing the prerogative of the Commons, in levying and forcing the collection of ship money. We hold a festival every year, to celebrate the victory of our people over the king of Great Britain, and we somewhat boastfully glorify ourselves and ask that other nations shall award us honor as being a free people.

ARBITRARY ARRESTS.

Not many years since our country was involved in civil war. Men who were outspoken adversaries of the measures adopted by the Federal administration were liable to arrest and imprisonment in military fortresses, when they could obtain no protection by virtue of the writ of *habeas corpus* and other appliances of civil courts. The exigencies of the nation at the time might seem to warrant such incarceration, but in our own fullest belief, expressed at the time, it did not; and the confinement of men in Fort Lafayette, without "due process of law," was the theme of indignant protest and denunciations. Certainly, it was nothing less than the exercise of imperial power, and, whether justifiable or not, it was a terrible menace against the liberty of citizens.

LETTRES DE CACHET.

We all have learned to execrate the old French despotism of Valois and Bourbon dynasties of the former centuries, under which were issued at pleasure the infamous *lettres de cachet*, or warrants on which persons could be and were arrested and imprisoned, often for life, perhaps not knowing all the time who was their accuser or what crime was alleged against them. Eighty years ago the people of Paris tore down the bastille, the dungeon in which such unfortunates had been immured; and the friends of freedom throughout the world rejoiced enthusias-

tically because of a triumph so glorious. It was well to rejoice at the downfall of such a despotism, the unfrocking of priests, and the dethronement of kings who had so conspired against the people. Our chief regret is that that victory over tyrants had not been then made permanent and universal.

Yet we have among ourselves a practice which our statutes authorize, and our jurisprudence sanctions, which is as bad in principle if not in practice as anything which has yet been mentioned. Let a person once be charged with being insane and he is outlawed, almost; he has little more protection than a rabid dog. The vilest vagabond that walks our streets, the thief, the assassin, cannot be committed to prison without a sufficient warrant, issued by an authorized magistrate, without a subsequent hearing, at which he may publicly maintain his own defence, and where he is presupposed to be innocent till his guilt is established. Yet every one of us, however good, wise or influential, is liable at any moment, upon the certificate of a single physician, and he not necessarily an expert, to be committed to the cell of a lunatic asylum, the walls of which are as high and strong, the keepers as vigilant and morose, the code of regulations as absolute, the windows and doors as difficult to escape from, as those of any prison in the land. Indeed, the *lettres de cachet* which disgrace France under her wicked and infamous kings were the models which our legislation and jurisprudence in regard to insanity appear to have carefully imitated.

However, we repeat, the liberty of every person is subject to the malice of an enemy, the cupidity of a kinsman, the treachery or ignorance of a physician. No matter how bad a man that physician may be—how criminal, ignorant or besotted—whether he is young or old—if he but holds the diploma which is regarded as official every man in the community is placed at his mercy. Specious lies, perverted facts, or even bribes sometimes may induce him to sign the fatal certificate. An instrument almost as powerful as the famous “little bell” or the French *lettre de cachet* will speedily remove the unfortunate victim from society, from his every day pursuits, from the activities which had employed him, to a cell or the ward of an asylum peopled only by the insane.

THE MAN IN A MADHOUSE.

We remember, as vividly as though it was but yesterday, the emotion excited when, reading a novelette in childhood, we came to the passage relating that the hero of the story, Alfred Thorner, was duped by a trick, and forcibly removed to a mad-house, to induce him to surrender his father's lost will and testament to the man that had seized upon his patrimony. Young Thorner persisted in his refusal, upon which his persecutor uttered this threat :

“Remain here ; your entire prospect these four walls ; your only clothing chains ; your only sport the lash ; your only hope the grave.”

SANE PERSONS CONFINED AS LUNATICS.

Our purpose is to ask for legislation which shall impose on magistrates restrictions that will be effectual to prevent the confining of sane persons in insane retreats. That this has been repeatedly done nobody doubts ; instances can be cited by almost every observer. The late Richard W. Meade, for many years an officer in the navy, brother of General Meade, opposed, with some violence of temper, the marriage of his daughter to a man obnoxious to him. He was arrested, and incarcerated at the Bloomingdale Asylum on a physician's certificate ; but, after a delay and imprisonment of several weeks, was discharged by Judge Ingraham. Meanwhile the marriage had taken place.

A young woman in New Jersey, a relative of ex-Governor Price, contracted a marriage a few years since which her kindred did not approve. She was immediately arrested and incarcerated in an institution for the insane, and for several weeks her husband was unable to procure an interview with her, or a legal process by which to obtain her liberty. The newspapers commented very severely upon the matter, and an elderly kinswoman of the young wife visited the several offices to ask the editors to withhold further criticisms till an explanation could be prepared for the public. But we never saw nor heard of that explanation, although connected with a leading journal.

The case of Henry Frothingham is still fresh in memory. He was imprisoned at Bloomingdale, although no person connected

with the asylum believed him insane, and his release was only procured after much trouble. The particulars are fresh in every one's memory.

MORGAN HINCHMAN.

Misery is said to love company. We have known individuals involved in defeat or misfortune who hastened to make accusations against others more lucky, not so much from malice as from that curious instinct of human selfishness inspiring the desire that others should suffer likewise. Perhaps we are yielding somewhat to a like impulse when we assert that the jurisprudence of other States of this Union is blotted as badly as our own. Yet, whatever our motive, the allegation is true.

A few years ago Morgan Hinchman, a member of the Society of Friends, was kidnapped in Philadelphia, and conveyed to the Lunatic Asylum at Frankford. For six months he was kept a close prisoner, denied the usual privileges of the establishment, encompassed about by maniacs and wrecks of human beings, and refused all intercourse with his friends or any who had known him. An old servant endeavored to see him, but was refused. He wrote letters to a friend, but in vain.

The only reason alleged for this outrageous treatment was, that "such were the instructions of his friends." It appeared that his wife had become estranged from him, and had been a party to the proceeding.

Morgan Hinchman was imprisoned upon the certificate of a physician. During his incarceration the grass grew over the grave of a dead child; his property was sold at public auction and the proceeds employed to pay the expenses of his confinement; his books, furniture and clothing were divided among the very persons who had conspired for his kidnapping and his burial in the living tomb.

Such spoliation operates as a rare expedient to assure impunity for crime. A person having property is obliged, like a defendant in a lawsuit, to pay all the expenses incurred to get him into the place of confinement; then for his own support while he is in durance, and also for all the proceedings necessary for his liberation. When he comes out he is thus made destitute of the means for prosecuting those who have so cruelly

injured him. Thus is the law as it stands—more relentless than the grave, more pitiless than hell.

An uncle of Morgan Hinchman learned that the young man was imprisoned in the Lunatic Asylum and immediately waited upon the conspirators, who threatened him that if he attempted to reclaim his nephew's property they would proceed against him, likewise, as an insane man, or would so blacken his character that he would not be able to walk the streets.

An appeal was made to the superintendent of the asylum, who is reported, under oath, to have said: "It is a mere family matter. If Hinchman would arrange his property there would be an end of it."

HINCHMAN ESCAPES AND PROSECUTES.

Finally the unfortunate man did escape, and he instituted proceedings for damages. The testimony made fearful disclosures, both against the guilty persons and against the officers of the Lunatic Asylum. Signatures were denied, orders repudiated, minutes kept back, records vitiated or altered, letters burned which would have proved the sanity of Hinchman and the entire scheme of the conspiracy—burned while the trial was going on, lest they might come up in evidence.

One manager testified that the superintendent could not look beyond the papers of admission supplied by the friends of the patient; that he had no power to discharge an inmate, no matter how long his cure had been established, without the consent of the friends who had placed him there.

Another manager declared, under oath, that, "on the mere certificate of any doctor whatever, he would consign any one of the hundreds then in the court room to incarceration in the Frankford Asylum."

The medical practitioner who had certified that Hinchman was insane had never been his physician, and had not seen him for four months previous to signing it.

LITERARY TASTE AN EVIDENCE OF INSANITY.

Another man, living in Philadelphia, was of an esthetic and literary turn of mind. He had never married, and was past the prime of life. He was fond of books, pictures and elegant furniture, and filled his house with them. His kindred were

rich and illiterate Germans. They procured a physician to certify that the man was insane. As he went out of his house one evening a policeman arrested him, and conveyed him to the Spring Garden Station-house, where he spent the night in a cell. The next morning he was placed in a close carriage and carried to the Pennsylvania Hospital for the Insane.

A lady was visiting the institution and was at once recognized by him. She sent a lawyer to him, who procured a writ of *habeas corpus*, in pursuance of which he was brought before the Court of Common Pleas. In this case the physician who had granted the certificate acknowledged that he had not seen the man for seven weeks previous to the time of signing.

The physician of the hospital gave his evidence in the following words: "From the moment that he was brought there his conduct betokened insanity. He was violent to the officers, talked loudly, and protested wildly against being deprived of his liberty, at first; then he became moody and silent, watched the door, or went off by himself to distant parts of the building. He did not sleep, but paced his room at night."

If that is conclusive evidence of insanity there is not a sane man in America. There is not the person who would not, if kidnapped, have acted very much like this unfortunate victim.

The Pennsylvania Hospital for the Insane, however, was too powerful a body to be defied. The man was remanded, to give an opportunity to take out an inquisition of lunacy; but this was not done, and after two weeks he was liberated. During his detention his property was sold at auction and the proceeds divided by his relatives.

IMPRISONMENT OF A WIFE.

A merchant of Philadelphia was tired of his wife, and, preferring to avoid the scandal of a suit for divorce, obtained a physician's certificate, after which she was conveyed to the hospital. But Doctor Kirkbride, the superintendent, was not convinced. He assured himself of her sanity after taking much trouble, and procured an order of the court for her release.

What greater danger to freedom can exist than authority, on the strength of a medical diploma, to consign a man to a lunatic asylum?

TREATMENT OF STRICTURE OF THE URETHRA.*

BY EDWIN FREEMAN, M. D.,

Professor of Surgery in the Eclectic Medical College of the City of New York.

THE treatment for spasmodic stricture is to so relax the system, that the local spasmodic tension will give way. A hot foot bath and hip bath, in slight cases, may be sufficient—the urine passing while in the hip bath. If not, a thorough sweating, with the internal use of gelseminum and agrimony, in full doses, so that the specific effect of the gelseminum is obtained, will often open the stricture. Nauseating doses of lobelia may produce the same effect, if, at the same time, a brisk and non-irritating cathartic be given; the urine will pass as the cathartic operates. Often the sitting bath and an active dose of physic is sufficient. An opium or lobelia suppository in the rectum is often beneficial.

For the congestive form the internal administration of acetate or citrate of potassa, to correct the acidity of the urine, especially if there be a rheumatic diathesis, may be necessary in addition to the preceding treatment. Copious draughts of marsh mallow or flaxseed tea, or a tea of the Cleavers, will tend to allay the irritability of the urethra. Hot salt in bags, against the perineum or hypogastrium, or hop poultices similarly applied, will produce an excellent effect. Gelseminum or lobelia, with hyoseyamus and opium or morphine, or without, will be found useful. If these measures fail the catheter should be carefully passed and guided into the bladder by the finger in the rectum, if necessary, or a small sized bougie may pass where the catheter cannot. Chloroform may be administered, or some other anæsthetic, to facilitate the passage of the instrument, if great difficulty is experienced in passing it. The catheter may be retained, if, in the opinion of the surgeon, the ill effects of a frequent attempt to pass it counterbalance those of its retention; yet it is only in rare cases that this may be necessary. In both these forms, especially in the latter, after the relief of the urgent

* Extracts from a paper read before the Annual Meeting of the New York State Eclectic Medical Society.

symptoms, a sound or bougie should occasionally be passed, and such other measures continued as are necessary to break up the inflammatory condition of the urethra and its tendency to spasmodic contraction. For the relief of the inflammation injections of a solution of borax or sesqui-carb. potassa, or even a solution of chloride of zinc, with morphine, may be found admirable. For the permanent relief of the spasmodic action the occasional passage of a bougie or sound, smeared with a mild ointment of belladonna, is very efficacious.

For the relief of permanent stricture the following are the modes of treatment most in use. 1st. Dilatation. 2d. Caustic. 3d. Rupture. 4th. Internal urethrotomy. 5th. External and perineal urethrotomy.

By *dilatation* is understood the passage of instruments through the stricture, gradually increased in size until of the size of the canal, which not only dilates it, but by pressure causes an absorption of the contractile tissue, until ultimately the stricture is cured. Dilatation is best performed with well polished or nickeled sounds, when the stricture is not very close, and by flexible bougies, of small size and acorn pointed, when it is a tight one. Often filiform bougies are the only ones that can be passed at first, and these with difficulty; which are followed by those next in size, and so on. The instrument should be glided in gently, and a little force used only when the point is felt to be engaged in the stricture, otherwise the irritation will only increase the spasmodic closure of the part. In using much force, especially with a sound, against a tight stricture, the wall of the urethra is often penetrated by the side of the stricture, and a false passage made. In such a case it should be withdrawn, and, if possible, passed through the stricture, or a small instrument passed and retained for awhile, so as to press the valve-like opening of the false passage together, that it may heal. When such a passage remains open it interferes materially with the cause of the treatment, as the instrument will often unavoidably slide into it instead of engaging in the stricture. In cases of great difficulty in passing a small bougie, sweet oil injected into the urethra, and retained by pressing against the *meatus*, will facilitate its passage by lubricating the borders of the stricture. I

have found that oil will pass through, sometimes, when it has seemed impossible to get a filiform bougie through. In most cases it is well to let the bougie remain in from two to five minutes; or, as Sir Henry Thompson recommends, it may be withdrawn as soon as it has passed the stricture. It should not be again inserted until all the irritation from the previous insertion has subsided—not sooner than two to five days. In this way it may be gradually dilated, until a bougie of Nos. 22 to 26 or 30 of French scale, or 12 to 16 or 19 English, may be passed. Sometimes it becomes necessary to slit up the *meatus* before the large size instrument can be introduced. This can be done with a probe pointed bistoury on a director in the canal.

Continuous dilatation is performed by introducing a catheter and retaining it for 36 or 48 hours. A purulent discharge is produced and the stricture rapidly expands, and then a larger may be introduced. This is not a safe method, as the urethra is liable to ulcerate, or earthy matter may be deposited in the instrument.

Over distension is applied to a method of dilatation by an instrument constructed so as to be expanded within the stricture, by means of a screw working in the handle. It may be used with or without an anæsthetic, and requires from 7 to 10 minutes to expand it to its full size. A full size gum catheter is passed, and allowed to remain 24 hours. After a few days a large metallic sound is passed, and again, occasionally, for some time. This method, as well as those to be mentioned, is useful in those strictures which are dilatable to a certain degree and then resist all further efforts by bougies.

The *caustic* treatment is now generally superseded by the other methods.

Nitrate of silver or caustic potassa is passed by means of an instrument, well greased, to the stricture, and pressed against it and then withdrawn. This is repeated again in a few days, for several times, and then the treatment by dilatation is continued. It is claimed that it partially destroys the stricture; but it is liable also to destroy the adjacent portion of the urethra, and is a dangerous and unsafe remedy.

Rupture of the stricture may be performed by sliding tubes,

passed down upon a director previously passed through the stricture, or by a more favorite method, on the principle of a wedge. This latter is called Holt's method. It is performed by an instrument which consists of two blades, united at the point of the instrument but open at the other end. Into this, and between the blades, a hollow tube is forced upon a rod, until it passes down to near the end. It is necessary for the stricture to be dilatable, so as to admit the instrument well into it before the tubes force it open. By this the tense band of the stricture outside of the mucous membrane is forcibly torn across, while that membrane, as a general rule, remains uninjured. A full sized sound may now be used to explore the urethra, but no force should be used to pass it into the bladder. In a few days, according to the urethritis, or general disturbance of the system, a small sound may be passed into the bladder, and then one of large size. No catheter should be tied into the bladder after the operation, except in rare cases.

A modification of this instrument, by Prof. Van Buren, is very important. A piece is fitted upon the point and perforated continuous with a groove above on the curve. This allows it to be slid down upon a fine whalebone bougie, previously inserted into the bladder, which acts as a guide to the instrument. But a still better method, invented by a French surgical instrument maker in Paris, is that of having the filiform bougie fastened to a metallic tip, which is screwed upon the end of the instrument after the bougie is passed through the stricture. This guides the instrument through, and becomes curled up in the bladder, to be withdrawn with the instrument. With these improvements Holt's dilator can be used in quite tight strictures; or any stricture that can be passed by a filiform bougie may be dilated sufficiently to admit the instrument with the guide and ruptured.

Internal urethrotomy, or internal incision, is performed by an instrument containing one or more concealed triangular blades, which are forced out at the convexity, as in Maisonneuve & Boilemmier's instrument, or at the concavity, as in Civiale's, or at the sides. It cuts through the urethra and dense tissue of the stricture—the two latter instruments cutting as they are withdrawn. The after treatment is similar to that in rupture.

External and perineal urethrotomy consists in cutting down upon the stricture from the external surface of the penis or perineum. When the section is made upon a staff as a guide it is called Symes' operation, or perineal division. All others are called perineal sections, and external urethrotomy. It is adapted to bad resilient strictures, which, however, may be opened by internal urethrotomy; also, to those found to be impassable, with retention of urine, especially those of traumatic origin. In cases of infiltration of urine, and where there is urinary fistula, one or more, section should be performed. The stricture may be so close that even a filiform bougie cannot be passed—not even a fine probe—after the perineum is opened. In others, the filiform bougie may be passed, and in others a grooved sound may be passed. In either case the patient is tied up, as in the operation for lithotomy, after being anæsthetized. If a staff or bougie has been passed it simplifies the operation much. An incision is made in the median line of the perineum, beginning just in front of the anus, cutting forward an inch, or inch and a half, with the edge of the knife, towards the scrotum. The incision is deepened until the groove in the staff or bougie is reached; the scalpel is then passed beyond the stricture, and it is divided from behind, forward. When no guide can be passed through the stricture the surgeon must introduce a catheter, or grooved sound down to it, and cut down upon that. He must then try to pass a fine silver grooved director or probe, and cut upon it; if that cannot be done he must depend upon his anatomical knowledge, and cut carefully back towards the prostate gland, or he may pass his bistoury, with edge forward, directly in towards the prostate gland at first, and endeavor to cut the urethra behind the stricture, and then cut forward to the end of the sound. When there are no fistulæ for the urine to escape through, and there is complete closure, the retained urine will have formed the dilated urethra into a sac behind the stricture, which is pushed forward by the contraction of the distended bladder, and may be reached more easily, as occurred in a case of this kind in which I operated, than if this were not the case. If there be fistulæ and an indurated condition of the perineum, with an impermeable stricture, it becomes

very difficult to find the urethra behind the stricture, and even the best surgeons have been foiled in the attempt. By carefully dissecting backwards in the proper direction, with a finger in the bowel, to prevent a wounding of that organ, the urethra may usually be found and the stricture opened. The old method of tying a catheter into the bladder, or a tube into the opening, is now laid aside as useless, as complicating the case. The urine passes at first through the wound, but soon finds its way through the natural channel, and the wound closes up. A catheter should be introduced after a few days, and, afterwards, occasionally a sound. After the stricture is opened, by either of these methods of rupture or incision, it must not be considered cured, but the patient must be kept under observation for awhile, and instructed how to use a sound, which should occasionally be passed into the bladder, to prevent any possible contraction of the urethra at the point of stricture.

No. 63 W. 9TH STREET, N. Y., }
January 16th, 1871. }

CLINICAL CASES TREATED AT THE CANCER HOSPITAL OF NEW YORK.

BY ROBERT NEWTON, M. D.,

Professor of Clinical Medicine and Surgery in the Eclectic Medical College of New York.

It is now about two years since this institution was chartered by the State, during which time a large number of interesting cases, of various forms of disease, have been treated—a few of which will be referred to in this and subsequent numbers of the REVIEW.

Notwithstanding the opposition which exists against all institutions that propose to render special aid to persons suffering from certain forms of chronic disease, with which but few men in the profession are qualified to treat, these individuals, as a class, are no less worthy of the attention of the physician, and the benefit which medical science promises to all sufferers. A professional man who is able to cure disease seldom refuses to extend to each and every sufferer the benefits arising from his knowledge of the subject; but one who knows but little about

treating a disease, if he undertakes to treat it, will fail in every instance. He becomes discouraged, pronounces the case incurable, and, so far as he is concerned individually, allows them to die for want of proper treatment. Fortunately, however, this is not the case with all, for the whole medical profession do not entertain such views, or are they governed by such principles. With the knowledge they have, they are enabled to cure and save the lives of thousands who, under other circumstances, would not only suffer the severest agony, but be destroyed by the ravages of disease.

Persons suffering from cancer are just as much entitled to the services of the medical profession as any other class of sufferers, and one competent to treat them should never refuse to extend to the unfortunate sufferers the benefit of his skill.

A. C., aged 40, for several years had been laboring under a cancerous ulceration of the scrotum, caused, as he supposed, by the kick of a horse. The ulcer was about two inches in diameter, having all the characteristics, in every respect, of cancer. The treatment in this case consisted of the application of the chloride of zinc and the precipitated carbonate of iron, made into a paste, by the addition of wheat flour, to the consistency which secured a degree of tenacity, rendering it a safe and permanent dressing. Each dressing was allowed to remain *four* days; it was then omitted for three days, during which time the hardened portion which had been brought under the influence of the dressing became soft, and it admitted the action of subsequent applications. This course was continued until the thickened and indurated portions of the scrotum were entirely disorganized. A simple poultice of pulverized elm bark, with cold water, was then applied for five days, at which time the cancer sloughed off; after which it required only the use of the mild zinc ointment. In three weeks from the time this was applied the patient was discharged cured.

Two years have elapsed, and he continues well.

The skeptic would ask was this really a case of cancer? We consider ourselves every way capable of forming a correct diagnosis, and so decided; in addition it had been pronounced cancer by several of the most eminent physicians of this and other

cities. They not only considered it such, but actually declined to treat him, except with the knife! and would promise nothing even with that. If the same medical gentlemen had pronounced his case one of any other form of disease our skeptic would not for a moment have doubted the correctness of the opinion of the justly distinguished men who had given an opinion in the case. There is as much in being able to diagnose correctly as there is in selecting and applying proper classes of curative agents.

A. G., 35, had epithelioma of the lower lip, of two years' standing. This extended over one half the lower lip, producing enlargement and thickening and attended with all the characteristics of the disease. A small portion was already ulcerated. The same form of treatment adopted and pursued in the foregoing case succeeded in arresting the disease and curing the patient in three weeks.

SCROFULA.

Where scrofula is the result of incompatibility in marriage, children seldom attain the age of manhood or womanhood; and while scrofula, as a general rule, is the result of this incompatibility, it may be induced even in the strongest and most healthy organization by many causes. Such appears to be the fact in the following case:

Mrs. D., aged 38, had been suffering as follows for two years: After recovering from an attack of bilious fever, which seemed to have been caused by a protracted attention to a sick friend, she found herself laboring under excessive prostration, with a gradually increasing enlargement of all of the glandular system; especially was this the case in the axillary and cervical glands. So enormously enlarged were the glands under the arms that the patient was unable to rest the arms, or maintain them only in an extended position. The glands upon the neck were so enlarged and indurated that it required a very great effort on the part of the patient to move the head in any way. There was every evidence present of the blood being materially implicated in this case. The nervous system sympathized very much. Vision was almost entirely destroyed. The patient was put under the use of the following preparations: *R.* Compound syrup stillingia, \mathfrak{z} iii; saturated tinc. sanguinaria canadensis.

sis, ʒj; saturated tinc. iris versicolor, saturated tinc. rhus glabrum, ʒij. Mix. One teaspoonful was given four times a day. In addition to this the following was given: *R.* Prussiate of iron, ʒi; sulphate quinine, ʒii; podophyllin, grs. x; pulvus capsicum, grs. xx. Mix. Make into one grain pills; two of which were taken three times a day, after eating. An active, invigorating diet was used. The alkaline bath was ordered twice a week. To the enlarged glands the following application was made night and morning: Oil stillingia, ʒiij; alcohol, Oj—bathing the parts freely, and then using gentle friction until absorption was induced. This treatment was faithfully carried out for two months, at which time the patient was entirely restored; not even the slightest appearance or trace of the glandular enlargement was to be seen. The patient was then ordered to continue to take one of the pills, three times a day, for two months more. This completed the cure.

The success attending this plan of treatment of scrofulous diseases is its own advocate, and every physician who has enough practical experience and industry to persevere in a proper treatment—first having made a correct diagnosis of the case—will find his practice crowned with success. Without such requisites a physician can never treat successfully any form of chronic disease.

104 WEST 38TH STREET, {
NEW YORK, *Feb.*, 1871. }

TREATMENT OF CYSTITIS.

BY J. M. COMINS, M. D.,

Professor of Obstetrics in the Eclectic Medical College of New York.

THE treatment of cystitis has been varied, but almost without avail, and is useless for me to repeat; but differing somewhat from others, I give my treatment, which has been successful in most cases.

First, in dyspeptic habits, I correct the disease of the digestive organs according to the symptoms manifest, and give tonics

—all the system will bear. I generally find the urine acid, which causes extreme pain when it accumulates in the bladder; for which I give, by the stomach, carbonate of potassa, from five to ten grains, every four hours. Decoction: *Hydrastis canadensis*, \mathfrak{z} ii; water, \mathcal{O} i; carbonate potassa, \mathfrak{z} i; of which I inject into the bladder, previously emptied, \mathfrak{z} ii to \mathfrak{z} iv, and retain; taking great care not to distend that organ unduly in its congested condition. The alkali dissolves the mucosin upon the mucous coat of the bladder, and it easily floats away when that organ is evacuated. When the pain and irritation is great I add to the above decoction morphia, one half grain to the ounce, and continue until the urine is neutral or alkaline—which usually takes place in two or three days. Contrary to the advice of Sir Benj. Brodie, I continue the injections for several days.

When I find the disease originating in depressions, manifest by debility of the nervous system, and irritability of the nervous centres, I administer elixir protoxide of iron, quinine, nux vomica and phosphorus: Protox. iron, grs. iii; quinine, grs. ii.; nux vomica and phos., *aa* $\frac{1}{10}$ grain, three times daily; and scarcely a case do I find that does not readily respond.

If I find a paralytic condition, arising from injury of the spinal cord or the meninges, or the branches of the hypogastric or sacral plexuses, I find most happy results from the foregoing, together with fluid ext. *secale cornutum* \mathfrak{z} ss, three or four times daily. The ergot seems to have a powerful effect upon the nerves distributed to the uterus and bladder.

When ulceration of the deep tissues has occurred, perforating the walls of the organ, we find it almost a hopeless case. Often it involves the uterus and vagina in the female, and the rectum in the male. When fistula exists between those organs the foregoing treatment is applicable—wearing a retaining catheter, to keep the bladder constantly free from the irritating effects of the urine, together with a surgical operation, as the case may demand.

When the uterus and the kidneys take on the inflammatory condition the case is not the brightest for recovery—pyelitis frequently terminating in Bright's disease. We shall find more or less albumen in the urine, in many diseases, when Bright's

disease does not exist. We shall find it in the female during gestation; in splenitis; in indigestion; some forms of hepatitis; occasionally when vermes inhabit the alimentary canal, &c.; but a difference in the appearance, under the microscope, reveals the case at once by tube casts, pus, epithelial deposits, and occasionally blood corpuscles, in Bright's disease; while albumen, in cystitis uncomplicated, contains only the squamous epithelium of the bladder and urethra.

Cystitis is often aggravated by the treatment of some of the complications—gonorrhœa, gleet, stricture of the urethra, syphilis, &c.

When calcareous deposits exist, causing inflammation of the bladder, they must be removed by solution or surgical operation. Balsam copaiba and oleum terebinthinæ, so highly spoken of by some authors, have proved irritants in my hands, and have long passed by, together with all preparations containing alcohol. When inflammation extends to the peritoneal coat of the bladder the symptoms are then very acute, becoming chronic from neglect or injudicious treatment. This form of disease is most frequent in females, especially after parturition, and its causes may sometimes be traced to the parturient hour. The seat of the pain, tenderness, rapidity of the pulse, expressions of countenance, &c., indicate the nature of the disease. Occasionally a serous fluid is thrown out, of varied appearance, commencing in the hypogastric region, involving the whole abdominal peritoneum; the pulse, very rapid—too high to count—ulceration and death supervenes.

In the above type it is the complications that become so serious, and should be treated as peritonitis proper.

Electricity is a most admirable aid in those conditions of cystitis depending on a paralytic condition, want of nervous force, and especially where the prostate gland is involved, passing the current through the organ for a short time twice daily.

The particulars of treatment to which I specially call your attention are the alkaline injections of hydrastis canad. into the bladder, and the use of phosphorus, nux vomica and ergot by the stomach. Under the use of these agents many long continued and severe cases have rapidly convalesced.

Should you choose to prescribe them in your practice, I doubt not they will meet many cases favorably that have baffled your skill with all other remedies.

143 EAST 26TH ST., N. Y.

A CURE THROUGH DRY CUPPING.

BY J. HERMAN MERKEL, M. D.

Fred Neale, aged 42, a strong and well built man, many years conductor on the Boston and Stonington Railroad, has for the last few years been subject to severe headaches and debility. Last August was unable to fulfil his duty on the train. From that time he became a patient of Dr. Flint, of this city, under whose care he has been most of the time, but did not seem to improve under the treatment. Finally his condition became such that his family and friends were much alarmed. He then consulted several eminent physicians, with no better result. On the seventh day of December last, Dr. V. H. Fitch, of Boston, a friend of the patient, introduced him to me, knowing I had treated similar cases with good effect. An examination revealed the following condition. The patient repeatedly made effort to speak but could not remember from one minute to the other, the eyelids also seemed too heavy for him, scarcely could he raise them, making motion only towards the left side of his head; the fingers of the right hand were numb, also the toes. There was also obstinate constipation, which no laxative or enema would relieve. The treatment which I prescribed for this case was dry cupping on a large scale, along the whole length of the spina vertebralis—the same principle upon which Prof. Brown Sequard, in his valuable work on paralysis of the lower extremities advocated. The cups I used were from eleven to fifteen inches long, and from six to eight inches broad, of tin, with rubber edges, air being exhausted by means of an air pump. I do not think it is necessary to describe the therapeutic effect of dry cupping as a counter irritation, as it is known to be as old as Hippocrates.

On applying a small cup on the upper part of the spine, over

the first, second and third cervical vertebræ, and another one little larger covering the lower part of the spinal cord, from fifteen to twenty minutes, he commenced to answer quite distinctly the questions of Dr. Fitch, who watched him closely while under treatment. His head felt clearer and lighter for three or four minutes. I then applied cups on the abdomen, by which operation I have frequently cured chronic constipation ; but in this case the application at first produced no effect. For the first few days of treatment, he could not remember his own name, neither the name of Dr. Fitch, whom he had known for years. Repeating the same treatment, his speech and memory revived ; he told me the name of the street in which he lived, also that he had not had any evacuation of the bowels for six days. I prescribed a cathartic of infus. of tinct. senna com., with magnesia [sulph. which I instructed him to take if there was no evacuation before night. The next day he came saying he did not need the medicine, that he felt much better, having also had a good night's rest, which he had not known for a long time. Seeing much improvement in him, gave the same treatment. I requested him to come in four days, but he did not.

On the sixteenth of January, he presented himself a well and happy man ; has been well ever since. When I saw him last he told me he should resume his position as conductor on the railroad again. I treated him six times as above described, simply by counter irritation with dry cups on a large scale ; and as he took *no medicine* I think the result of the treatment should be reported to the profession.

52 HARRISON AVENUE, }
BOSTON, MASS., Jan. 31, 1871. }



PERISCOPE.

Diseases of Domestic Animals.

WE are indebted to our English exchanges for the following items:

Cattle plague is at present reported to exist in *Austria*, in the provinces of Transylvania and Galicia ; in *Belgium*, in the dis-

tricts of Jamoigne and Bloid; in *France*, in Alsace and Lorraine, Seine and Marne, the Ardennes and the Mosello; in *North Germany*, in Prussia, Rhenish Prussia and Brandenburg, in Pomerania and German Lorraine; *South Germany*, in Bavaria, Baden, and Wurtemberg; in *Russia*, in Poland, places opposite East Prussia, and at Riga and its vicinity; in *Turkey in Asia*, on the northeast coast of the Black Sea; in *Turkey in Europe*, in Thessaly and Roumania.

Pleuro-pneumonia exists abroad, in Holland, North Germany, and Turkey in Asia; at home, in thirty-six counties in Great Britain.

Foot and mouth disease exists abroad, in North Africa, many parts of South America (especially on the north of the Rio Nigro, and on the side of the river Uruguay), in Denmark, France, Italy and the United States; at home, in sixty-three counties of Great Britain.

Sheep-pox exists abroad in North Germany and Italy; there is no report of its existence at home.

Sheep-scab prevails abroad in North Germany, and is reported to exist at home in thirty-three counties of Great Britain.

Besides the above named diseases others are said to be raging in various parts of the world, notably in Texas; cattle plague in Virginia, splenitis in Prussia, and fatal diseases among horses in Italy, Russia and Sweden.

The treatment of pleuro-pneumonia in cattle has attracted a good deal of attention of late. Carbolic acid has long been recognized as an excellent agent in cases of pleuro-pneumonia, though experience shows that it is more effective as a prophylactic than as a curative. The most successful treatment which has been tried and officially reported on by the veterinary medical advisers of the Privy Council, in contagious pleuro-pneumonia, consists of the external and internal use of carbolic acid, with strict attention to diet and temperature. Carbolic acid (crystalline), one drachm; rectified spirit, two ounces; linseed mucilage, one pint; shake the acid with the rectified spirit, and add the mucilage. This dose should be given twice a day to an adult animal, and half the quantity twice a day to a steer or heifer. Carbolic acid, mixed with fifty parts of water, should be freely used to the floors of the sheds in which the cattle (sick or healthy) are kept; a strong odor of the acid should always prevail in the sheds if the agent is used sufficiently often. Very little benefit is likely to result unless the treatment is commenced in the early stage of the disease, and even then the major part of the cases terminate fatally.—*Med. and Surg. Reporter.*

Further Experiments Demonstrating that Mercury has no Special Action on the Liver. Experiments to determine how far Local Stimulation of the Gall-duct in the Duodenum increased the flow of Bile.—July 22d, 1869.

THE different mercurial preparations employed as a medicine were subjected to various processes, such as they might undergo when digested for a time in the stomach, with a view to their being applied to the orifice of the common duct in the duodenum. Thus:

1. Two blue pills rubbed down in an ounce of milk were given to a cat, which was killed an hour afterwards. The stomach was ligatured above and below, and kept warm at a temperature of 100 degrees Fahr. for three hours.

2. Two blue pills, rubbed down in half an ounce of milk, after mixture with a few drops of rennet, were allowed to digest in a water-bath for eight hours.

3. Five grains of calomel, in half an ounce of milk, were digested in the same manner for eight hours.

4. One grain of corrosive sublimate, in half an ounce of milk, was also digested in the same way for eight hours.

These various fluids holding, the digested mercurial preparations in suspension or solution being ready, a full grown rabbit was chloroformed; its abdominal cavity, and then its duodenum, were opened, and the orifice of the common duct exposed and cleaned. Several drops of all these fluids were placed, at different intervals of time, on the orifice of the duct, but not the smallest quantity of bile escaped. There were then applied: 1, mechanical irritation—such as pricking the orifice; 2, acetic acid; 3, powdered calomel; and 4, corrosive sublimate. The latter caused great redness of the mucous membrane, but in no case did bile flow from the orifice.

The two poles of an interrupted electrical current were applied to the orifice without producing any effect, but when they came into contact with the diaphragm it was strongly contracted, together with other muscles in the neighborhood, and a gush of bile flowed from the orifice. This was repeated several times.

The bile-duct was most carefully dissected out in its middle portion, and isolated by passing the ivory handle of a scalpel under it. The poles of the battery were now applied to this portion of the gall-duct, but without causing any flow of bile.

The liver was now removed from the body, without, however, dividing the gall-duct which united it to the duodenum. The poles of an induction coil in action were applied to various parts of the liver itself, without causing any flow of bile. The

interrupted current was sent through the gall bladder in various directions without inducing the slightest contraction in it; but the same current, applied to the stomach and to the urinary bladder, caused in both of these hollow viscera strong contraction.

November 18th, 1869.—In order to ascertain whether similar negative results were to be obtained in the dog, I requested my assistant, Dr. McKendrick, to repeat the local irritations in that animal. The following is the note which he furnished me :

“A male dog was chloroformed; its abdomen and duodenum were then opened, and the orifice of the bile-duct exposed. A strong solution of common salt, a solution of corrosive sublimate (four grains to an ounce), dilute nitric and hydrochloric acids, and an interrupted current from an induction machine, applied to the opening of the common ducts, caused no flow of bile; but when the abdominal or thoracic muscles were thrown into contraction by the induced current, bile flowed freely from the orifice. The same irritant caused no contraction of the gall bladder, but produced powerful contraction of the urinary bladder.” It results from these experiments:

1. That mercurial preparations digested in the stomach do not irritate the orifice of the common duct in the duodenum, or induce any flow of bile into it.

2. That no other kind of local irritation causes increased secretion or flow of bile into the duodenum.

3. That the gall bladder is not contractile, and that, consequently, no irritation, direct or indirect, nor any kinds of reflex action, influence it.

4. That pressure upon the gall bladder or liver, in consequence of extensive contractions of the muscles surrounding these organs, causes a copious flow of bile into the duodenum.

In consequence of the demonstration of the non-contractility of the gall bladder made in these experiments, I carefully examined the structure of this viscus in the rabbit, dog and man; and, contrary to what is generally supposed and taught (see Quain's *Anatomy*, seventh edition, p. 878), satisfied myself that it has no muscular coat.

The facts thus arrived at, it seems to me, completely set at rest the speculations which have been put forth as to the possible action of mercurials, by local irritation of the extremity of the gall-duct in the duodenum. They further show that, whilst neither mercurials nor irritations of any kind induce a flow of bile from the duct into the bowel, neighboring muscular contraction has that effect—a circumstance which confirms the well known beneficial influence of exercise and muscular exertion in certain bilious disorders.

The experiments now detailed conclude the inquiry into the action of mercury on the liver, and demonstrate that the opinions of those who cling to the employment of that drug, on the ground of its local action, are in no way better founded than such as have prevailed with regard to its constitutional effects.—*From the British Medical Journal, Jan. 7, 1871.—Medical Gazette.*

Sudden Death in Phthisis.

THE suddenness of death in consumption often puzzles the physician. We see in an English exchange that M. Perroud terminates a paper, which he read at the Lyons Medical Society on this topic, with the following conclusions: 1. Although sudden death in the subjects of phthisis has been noted it has been but little studied, and is in need of further investigation. 2. It may present several varieties—and thus it may be really sudden or only very rapid. 3. Rapid death may have for its cause a mechanical obstacle to the passage of air into the bronchial passages, as in oedema of the glottis, extravasation of blood into the bronchi, the fall of masses of tubercle into the bronchial ramifications, etc. 4. It may also be induced by a mechanical obstacle to the circulation of the blood, as in pulmonary embolism, cerebral embolism, or thrombosis of the cerebral vessels. 5. These two varieties are usually accompanied with their special symptoms, these especially consisting of some of the forms of dyspnœ. 6. Sudden death is the immediate result of nervous action, whether this be reflexed arrest of the heart's action, through the intermedium of the pneumogastric, or a nervous exhaustion of that portion of the bulb termed the vital point (*œeud vital*) by the intermedium of the same nerve. 7. The initial excitation of these nervous acts may have its point of departure in the heart and pulmonary artery, in the larynx and bronchial tree, in the pulmonary parenchyma, or even in the visceral pleura, as some sudden deaths which take place in hydrothorax seem to indicate.—*Med. and Surg. Reporter.*

Explosive Prescription.—Oxide of Silver.

R. Argenti ox. gr. iss. ext. nuc. vom., gr. $\frac{1}{6}$; morph. mur., gr. 1-32. M. G. B. H., of Chertsey, states that, having prepared pills of this formula with confection of roses, or with extract of gentian, the pills in a short time exploded with evolution of

considerable heat. Permanganate of potash will sometimes act similarly. (*Pharm. Journ.*, Aug., 1868.) An analogous case lately occurred to Dr. Jackson, of Nottingham, and excited some interest at the time. The following prescription was made up: R. Arg. ox. gr. xlviii; morph. mur. gr. i; ext. gent. q. s. M. Ft. pil. xxiv. The lady who received the pills, which were silvered, put the pill box into her bosom. In three quarters of an hour a severe explosion took place; her clothes were burnt, her right breast severely scorched, and smoke issued freely from beneath her dress. A troublesome burn on the breast remained for treatment. (*Pharm. Jour.*, March, 1870.) It has long been known that pills made of oxide of silver and creosote (or carbolic acid, Boettger) are liable to become very hot, or even to inflame, and a dispenser has been astonished by seeing the lid of a box which contained such pills suddenly blown off, and the pills sent rolling over the counter.

Respiratory Therapeutics.

GREAT ingenuity has been displayed in the invention of different forms of apparatus for atomizing or nebulizing the fluids; in many of which, as in the instruments of Sales-Girons and Mathieu, the spray-producing power is air compressed by a hand pump or bellows; while in others, as first in that of Dr. Siegle, steam is the acting power, the patient being able to inhale without the aid of an assistant, or the employment of his own hands to set and keep the instrument in action. Siegle's apparatus, with Bergson's tubes, may be mentioned as being, perhaps, the most perfect; Bergson's apparatus, with Dr. Andrew Clarke's hand bulbs, as being the most simple, and extremely useful and convenient; and an excellent little pocket steam apparatus, "the traveller's atomizer," invented by Dr. Beigel.

In the employment of inhalations by this method, many precautions are necessary, as to the number of inhalations, the avoidance of excitement or exertion just before or after inhalation, and so on. It is best, especially with nervous patients, to begin with simple water, and gradually add the medicated solution drop by drop; and, in some cases, where even water could not be inhaled, Dr. Beigel has derived advantage from employing milk, after the inhalation of which for some time he has been able to proceed to the use of the desired remedy.

Any article in the *materia medica* soluble in water or weak alcohol can be used by the nebulization method, and a great number of medicines have been so employed; but we can here

only mention some of them, and the diseases in which they have been used. It is always best to begin with weak solutions, and increase their strength very gradually.

The substances employed in inflammatory affections of the throat are astringents and caustics, viz., tannin (from gr. ij. to gr. x. to the fluid ounce), sulphate of zinc (same strength), perchloride of iron (Mv. to Mx. to the ounce), alum (gr. j. to gr. v. to the ounce), and nitrate of silver (gr. $\frac{1}{2}$ to gr. v. to the ounce). In simple catarrhal diseases inhalations of turpentine and of the vapor of chloride of ammonium have been found very serviceable, and Beigel especially commends the latter as being most valuable in the partial or total aphonia of clergymen, singers, actors, etc. Inhalations of carbolic acid (Mvx. to the ounce) have been found of great use in cases of obstinate ulceration, accompanied by fetor of the breath; and in croup, Beigel has found lime water (one part to thirty of water), tannin and bromide of potassium (gr. x. to the ounce) very valuable. Tannin and the perchloride of iron have also been successfully used in diphtheria; oil of turpentine, of cubebs, or of copaiba (Mj. to Mij. to the ounce of warm water), in chronic bronchitis, with offensive secretions, in bronchorrhœa, and in gangrene of the lungs; bichloride of mercury (gr. $\frac{1}{2}$ to gr. ij. to the ounce) in syphilitic affections of the pharynx and larynx; liq. potassæ arsenicalis (Mv. to Mx. to the ounce) in asthma; and in hæmoptysis, tannin and the perchloride of iron; and we should think that ergot of rye—the liquid extract—might also be valuable in hæmoptysis.

It must be observed that in most of the diseases above mentioned the action sought for from the medicated spray is purely, or at least chiefly, topical—as much as to the action of the ether in Dr. Richardson's ingenious application of the spray production—and in some conditions, in which the atomizer is extremely useful, *inhalation* by the patient is not only not necessary but undesirable. Thus, in acute inflammations, or in ulceration in the fauces or pharynx, solutions may be directly sprayed—if we may use such a word—on to the affected parts, which would be dangerously irritating if inhaled. The *acidum sulphurosum* of the British Pharmacopœia may be thus applied with great advantage in tonsillitis and other acute inflammations of the pharynx—so may solutions of iodine or other substances; the method replacing with immense advantage the barbarous, imperfect and cruel mode of trying to apply remedies in such conditions by gargling.—*Half Yearly Abstract of Medical Science.*

Treatment of Acute Indigestion.

DR. CHAMBERS advocates, in his work, the following treatment of acute indigestion, based on pathological condition :

The first condition is to spare the weakened organ as much as possible. Complete rest should be secured to it, by administering only liquid food, whose absorption requires no action of the gastric glands. Weak beef tea is the best diet, and rest of limbs best secures rest of the abdomen.

Let alcohol be avoided as a poison ; it arrests still further the arrested vitality of the stomach.

Poultices and fomentations to the epigastrium relieve pain and keep the patient on his couch. Mustard poultices and other counter-irritants do harm if there is inflammation, and less good than fomentation if there is not.

Emetics are wanted only when completely insoluble vegetable fibre is the cause of the disease. The mildest are the best—warm mustard and water.

The natural termination of indigestion in diarrhœa is an argument for the use of purgatives—but they should be mild, otherwise they hurry the augmented secretion through the intestines with a deal of griping, and yet leave the undigested matters behind. The most eligible form is that of enema with a little mustard in it.

In children purgatives are apt to bring on a continuance of diarrhœa, if given for stomach ache, and they also gripe a good deal. If necessary, let gruel enemata be given. In the acute indigestions of infants minute attention should be paid to the quality of the milk. If the suckling mother or wet nurse should be menstruating, have recently resumed matrimonial intercourse, or had any mental excitement, the milk too readily sours. The child should have it from a bottle, with a teaspoonful of liquor calcis to the tea-cup. The same addition may be made to cow's milk, if the child is fed on that. If there is diarrhœa, a teaspoonful of water arrowroot alternately with the liquor calcis.

Chlorate of Potassa.

The following prescription gave rise to a violent explosion on being made up by trituration in a rough Wedgewood mortar :
R. Pot. chlor., oz. iss. ; ac. tannici, ʒ iss. ; olei gaultheriæ gtt. xx.
M. (*Pharm. Jour.*, Oct., 1870.) Again, a mixture of chlorate of potassa and catechu, prescribed as a dentrifice, occasioned a violent explosion in the mortar in which it was rubbed. Erhard's explosive powder for shells is composed of equal proportions of tannin and chlorate of potassa (*Rev. de Thér.*

Med. Chir., No. 2, 1370). Lastly, a "pharmacien" received the following prescription to dispense, viz.: Pot. chlor., 8; hypophosph. of sodium, 4; syrup, 62; water, 125 parts. In order to expedite matters he vigorously triturated the salts in a mortar, and the result naturally was that he received some wounds on the body, while the pestle was thrown to a distance. The two salts should, of course, have been dissolved separately (*Jour. de Ph. et de Ch.*, Nov., 1869). These and similar reactions depend on the facility with which oxide of silver and chlorate of potassa part with their oxygen to organic matter, and the consequent elevation of temperature due to the rapid decomposition of the salt.—*Dublin Quar. Jour. Med. Science.*—*Indiana Journal of Medicine.*

*The Beneficial Effects of Combining Tonics with Aperients in Obstinate Constipation.**

THE author said that, during the time when he was in practice as a physician, he had met with many cases of irregular and slow action of the bowels, with prolonged constipation. In these cases ordinary aperients or purgatives, if taken in sufficient quantity to act, generally overacted and caused depression, and also appeared to leave the bowels weakened. He had, therefore, tried various combinations, and had come to the conclusion that the best formula was the following: R—Aloes socotrinae, extracti hyoscyami, aa gr. xij.; quinae disulphatis, gr. vj.; ferri sulphatis, gr. iv. To be well mixed, and divided into twelve pills. One of these pills should be taken in the afternoon, between four and six o'clock; it will produce on the next day, between ten and twelve, relief from the bowels without any pain. Dr. Bell had found these pills to produce uniformly good results without inconvenience.

Local Applications to Burns.

DR. BINKERD prefers, as an application to burns, when first seen, carbolic acid and glycerine, in the proportion of from five to ten drops of the former thoroughly incorporated with two ounces of the latter, spread on with a camel's hair or other light brush, then a layer of white cotton, over which a roller bandage

* Abstract of a Paper read at the Thirty-eighth Annual Meeting of the British Medical Association, at Newcastle-upon-Tyne, August, 1870.

is neatly adjusted. For the suppuration following burns he recommends the following dressing: Yellow wax, melted and strained, ℥j; raw linseed oil, ℥ij; tannin, ℥j; subnitrate of bismuth, gr. xx. The wax must be first melted, the oil then added, and the whole stirred until incorporated; next, the tannin is added, and lastly the bismuth. The ointment should be applied on pieces of lint.—*Half Yearly Abstract.*

On Skin Grafting.

At a meeting of the Clinical Society of London, on November 11th, Mr. George D. Pollock read particulars and exhibited several cases of skin grafting and skin transplantation. In relating the particulars of the first case in which skin grafting had been attempted in this country, he stated that in 1869 M. Reverdin originated in Paris this method of treating large ulcerated surfaces. In May, 1870, the author first heard of M. Reverdin's experiments, and at once decided to test the treatment. A girl, eight years of age, had been in St. George's Hospital for some three months and a half, with an extensive open burn of the right thigh, of more than two years' duration. The ulcerated surface extended from the buttock to the knee—broad above, and ending almost in a point below. Mr. Pollock at first transplanted two small pieces of skin about the size of millet seeds, taken from the lower part of the abdomen. Subsequently three and again other pieces were transplanted at various periods—in all, about fourteen pieces had been transplanted. The child was exhibited to the members of the Society, and it was seen that this extensive burn was nearly healed, in a period little over five months, without any perceptible contraction of the cicatricial tissue originated by the transplanted skin. The child had greatly improved in health as the progress of cicatrization had advanced. In this case two pieces of black skin had been on one occasion transplanted to the ulcerated surface, and became attached; when increased in size the area of the pigment deposit had considerably increased in one of them, although the whole of the cicatricial tissue, due to the transplantation of this portion of skin was not generally dark colored. The sore was attacked some time after by sloughing, which was chiefly confined to the portion in which the black skin had been engrafted, and unfortunately destroyed the whole of the cicatrix due to this transplantation. Mr. Pollock made some general remarks with respect to the mode of transplantation, and the conditions requisite to the success of the operation.

He usually transplanted very small pieces, similar to the plan pursued by M. Reverdin, and considered it essential to the success of the operation that the surface of the granulations should be in a healthy state. In some cases the operation had entirely failed, in consequence of the state of the sore. In other cases, though the piece transplanted had become attached and vitalized, yet, owing to the state of the patient's health, it had remained stationary and gave no sign of increase. Mr. Pollock, in conclusion, thought a tribute of admiration and gratitude was due to M. Reverdin from the profession, for the boon he had conferred upon surgery by the introduction of this original method of dealing with large and obstinate ulcers.

Treatment of Aphthæ.

DR. SMITH recommends, if aphthæ form, that attention be paid to cleanliness. A powder of rhubarb and jalap should be given to evacuate the bowels, after which the following mixture should be prescribed: \mathcal{R} . Potas. chloratis, \mathfrak{D} ij; Syrupi simpl., \mathfrak{z} ss.; Aquæ ad \mathfrak{z} ijj. \mathcal{M} . \mathfrak{z} ij quartâ quâque horâ. This must not be diluted. When attacks of acute indigestion come on in infants, with hot skin, furred tongue, thirst, vomiting and diarrhoea, accompanied by griping pain, all food must be stopped, and nothing allowed but cold barley water. The stomach should be relieved by an emetic of ipecacuanha, after the action of which a purgative of rhubarb and magnesia should be given to clear out irritating matters from the bowels. A mixture of chalk and catechu, with aromatic confection, can then be given, or the following: Bismuthi nitratis, \mathfrak{z} j.; Pulv. cretæ aromat. \mathfrak{z} j.; Syrupi, \mathfrak{z} ss.; Mucilag. tragacanth., \mathfrak{z} ss.; Aquæ ad \mathfrak{z} ij. ter die. If the diarrhoea continues after the tongue has become clean, half a drop of laudanum can be added to each dose of either of these mixtures, or small doses of sulphuric acid may be given with opium. \mathcal{R} . Acidi sulphurici aromat., \mathfrak{z} ss.; Tinct. opii, \mathcal{M} vj.; Syrupi \mathfrak{z} ss.; Aqæ carui, ad \mathfrak{z} ijj. ter die.

When the irritability of the stomach has subsided milk and lime water may be given, but with caution, lest the vomiting return.

The Pea Sausage Factory in Berlin.

AMONG the peculiar creations originated by the European war is a large pea sausage factory in Berlin. A cook, by the name of

Grunberg, invented a so-called pea sausage, and sold his invention to the Prussian Government for 37,000 dollars. Better expressed, his dish is not so much a sausage as a complete meal prepared from peas, filled into a bladder, dried, and made to keep. The secret consisted in the addition of salts, which prevented the sausage from turning sour. The advantage accruing from such prepared meal, for the maintenance of the soldiers in camp and during war, is apparent. The large herds of animals need not be driven with the advancing army, and are not exposed to malarious diseases; and the many thousands of tons of bones and of hides remain at home, and in the neighborhood of the markets. This sausage factory in Berlin employs not less than 1,200 persons, of whom twenty cooks, on forty boilers prepare the meal, which is filled by 150 men into bladders, with the aid of the so-called sausage syringe. Every day are required 22,500 pounds of bacon, 45,000 pounds of pea meal, 28 bushels of onions, and 4,000 pounds of salt. In the beginning only 30,000 of these sausages were turned out daily, and the second army supplied with them. Now, however, are sent off 75,000 daily, which are packed in 600 boxes, holding each 100 to 150 sausages. The soldier has only to put it into boiling water and his meal is ready. The expenses foot up to 37,000 dollars a day. The factory is not in private hands, but belongs to the Government.—*Druggists' Circular.*

The Food of the Armies.

THE Germans (says the London *Lancet*) appear to be a more hardy race than their opponents. They can eat black bread, the issue of which had to be prohibited among the French prisoners on account of their inability to digest it. *En passant*, we may state that the Germans have practically managed to solve for themselves the difficult problem of an economical and compressed ration for field purposes. Their soldiers, we read, on several occasions during forced marches, consumed a diet composed of mixed peas and meat—a highly nitrogenous but not very digestible compound. The Rhine wines were always consumed where they could be procured, and we do not hear of a rum or spirit ration being issued as in our army. The craving for tobacco exhibited by the troops, and their almost universal use of it, corroborate the opinion entertained by practical men that the consumption of tobacco is of real value to men undergoing the hardships of physical exertion incidental to a campaign.

Treatment of Croup.

THE treatment which has proven so successful in the practice of Dr. Adolphe Weber consists in the local application of the remedy to the windpipe by means of inhalation. The patient is made to inhale a solution of lactic acid (fifteen or twenty drops in half an ounce of water), at first every half hour, and afterwards, when the respiration improves, every hour or every two hours a solution of ten to fifteen drops in half an ounce of water.

The inhalation is discontinued as soon as the dyspnoea has subsided, and to promote expectoration chamomile tea is exhibited.

In using the inhalation care must be taken that the vapor dose not affect the eyes or face.

With this treatment was conjoined the internal exhibition of carbonate of soda every half hour or every hour, which was thought to exert a beneficial effect upon the exudation.—*Medical Times and Gazette.*

Hydrate of Bromal.

THERE is a valuable article by Dr. E. Steinauer, of Berlin, in the last volume of "Virchow's Archiv," on the action of the hydrate of bromal on animals and on man. The experiments were made in the Berlin Pathological Institute, and were under the immediate observation of Libreich himself. The hydrate of bromal, according to the observations detailed, when administered to animals, undergoes a similar change to that undergone by chloral, being converted by the alkalies of the blood into bromoform. But this change goes on slowly, for at the end of an hour and a half there was found in the blood, in addition to bromoform, still some undecomposed bromal. The substance is further oxidized and evacuated in the urine as bromide. The symptoms produced by bromal on animals (frogs, rabbits, guinea-pigs) were first a stage of restlessness, followed by imperfect sleep and anæsthesia, and finally dyspnoea and death, with or without convulsions. After large doses, both in frogs and rabbits, the heart was found after death relaxed and distended—whereas, after smaller doses, it was contracted. In the former case there is probably direct paralysis of the heart by the bromoform, such as occurs after large doses of chloroform. The preliminary stage of restlessness, which has no equivalent after administration of chloral, is ascribed to the action of the bromal aldehyde itself, the decomposition occurring, as stated above, more slowly than is the case with chloral. The author observed

a stage of restlessness, after a hypnotic dose of chloral, in a patient suffering under gout, and he ascribed this to the acid state of the blood preventing the usual decomposition into chloroform. With this view he administered alkalis to the patient, and after a few days the same dose of chloral produced the usual hypnotic effect. Proceeding from this he applied the same principle in his experiments with bromal. Having injected carbonate of soda subcutaneously in rabbits, he then injected the hydrate of bromal, and found that the stage of restlessness was entirely absent. The author has administered bromal to man in only a few cases. He has found good effects from it in epilepsy, and in soothing the pains of *tabes dorsalis*. The method of administration which he has ultimately employed is, first, in the morning and at mid-day, a powder containing about 14 grains *sodæ bicarb.*; then, in the evening, two to four pills, containing each from $\frac{1}{2}$ to $1\frac{1}{2}$ grain of bromal.—*Druggists' Medical Press and Circular*.

Solvent Powers of Glycerine.

THE solubility of various chemicals in 100 parts of Glycerine is thus stated by Klever (*Pharm. Zeitsch. f. Russ in Am. Journal of Pharmacy*):

Acid arseniosum.....	20	Morph. acetas.....	20
" arsenicum.....	20	" murias.....	20
" benzoicum.....	10	Phosphorus.....	0.20
" boracium.....	10	Plumbi acetas.....	20
" oxalicum.....	15	Potassæ arsenias.....	50
" tannicum.....	50	" chloras.....	3.50
Alumen.....	40	Potassii bromid.....	25
Ammon. carb.....	20	" cyanid.....	32
" murias.....	20	" iodid.....	40
Antimonii et potass. tart.....	5.50	Quinia.....	0.50
Atropia.....	3	Quiniae tannas.....	0.25
Atrop. sulph.....	33	Sodæ arsenias.....	50
Barii chlorid.....	10	" bicarbon.....	8
Brucia.....	2	" boras.....	60
Calcii sulphid.....	5.25	" carbonas.....	98
Cinchonia.....	0.50	" chloras.....	20
Cinch. sulph.....	6.70	Sulphur.....	0.10
Cupri acetas.....	10	Strychnia.....	0.25
" sulph.....	30	Strychn. nitras.....	4
Ferri et potass. tart.....	8	" sulphas.....	22.50
" lactas.....	16	Urea.....	50
" sulphas.....	25	Veratria.....	1
Hydrarg. chlor. corr.....	7.50	Zinci chlorid.....	50
" cyanid.....	27	" iodid.....	40
Iodinium.....	1.90	" sulphas.....	35
Morphia.....	0.45		

A Case of Poisoning with Gelsemium Sempervirens.

JOSEPH G. PINKHAM, M. D., says: On the night of December 5th, 1869, I was called in great haste to see Mrs. F., a former patient of mine, who was said to be dying. In the course of a few minutes I arrived at her bedside, and found her in the following alarming condition: Totally unconscious; breathing stertorous and very imperfect; countenance of livid paleness; lower jaw drooping, leaving the mouth wide open; eyelids partially closed, and motionless; pupils moderately dilated; pulse 100 per minute, regular but weak. On making hasty inquiries I ascertained that she had been taking some medicine from a quack herbalist, who recommended it, in the choice English of that refined sect, as being able to "knock pain higher than a kite." Being satisfied that the case was one of poisoning with some narcotic, I attempted to administer an emetic of sulphate of zinc; but, owing to the great difficulty in swallowing, I did not succeed in getting enough down to produce emesis. Friction and stimulants were then resorted to, and in about one hour and a half consciousness began to return. Treatment was continued, but recovery was not complete for several days, the principal complaint being of great prostration, and muscular weakness, particularly of the elevators of the lower jaw and eyelids, and the muscles of the arms. After the return of consciousness intelligible speech was at first only possible when the jaws were supported. The tongue also was stiff, and the voice thick and guttural. The patient stated that before she became unconscious objects appeared double, and then she grew by degrees completely blind. She thought, and naturally enough, that she was dying. Subsequently I saw the "doctor," and learned from him that he had given gelsemium sempervirens. He said he had prepared forty drops of the fluid extract in a bottle, and that, contrary to his directions, the patient had taken it all in the course of a few hours. I placed no reliance upon his statement as to the amount, for he was most thoroughly frightened by the occurrence, but I have no doubt from the symptoms that gelsemium was the drug administered. The patient asserted positively that he gave her no specific directions as to the dose or intervals, but told her to take it when she had pain, and if, on holding up her finger and looking at it, it did not appear double, she was all right, and could take more.

I satisfied myself, notwithstanding the denial of both parties concerned, that he had procured an abortion upon the woman, and gave the medicine as an anodyne after the expulsion of the ovum. It seemed at first as though the case would inevitably prove fatal; nor do I see now how recovery could have taken place without remedial interference.

I should not have been surprised at any time within an hour after my arrival to see the jerking respiration cease, and life become extinct.

The effect of the poison, it will be noticed, was to produce a general feeling of numbness and oppression, followed by double vision, loss of sight, paralysis of the muscles of voluntary motion, with complete insensibility to all external impressions. The paralysis of those muscles whose function it is to elevate was more persistent than that of any others. It is easy to explain the bad respiration by the condition of muscular paralysis which existed. There did not seem to be any direct sedative action of the poison upon the heart. In regard to this point, I am inclined to agree with Dr. Bartholow in the opinion that when the cardiac movements are depressed it is the result of insufficient respiration.*

I gave stimulants (brandy, am. carb., &c.), on account of the alarming prostration, and because I did not know what else to do. Should another patient similarly affected come under my care I should pursue the same course, with the addition, if it were possible at the time, of the use of galvanism—an agent found so beneficial in his own case by Dr. J. T. Main, of Unity, Maine.†

The notes of this case were taken chiefly at the time of attendance. Since then I have seen reports of several other instances of poisoning with the same drug, some of them fatal.‡ They all agree essentially with mine in the character of the symptoms presented. It is altogether probable that my patient had taken much more than forty drops of the fluid extract.—*Boston Med. and Surg. Journal.*

* Practitioner (London), Oct., 1870, p. 208.

† Boston Medical and Surgical Journal, April 15, 1869.

‡ American Journal of Pharmacy, Jan., 1870. American Journal of the Medical Sciences, Jan., 1867.

EDITORIAL.

COMMENCEMENT OF THE ECLECTIC MEDICAL COLLEGE OF THE
CITY OF NEW YORK.

THE commencement exercises of the annual session of this institution were held in Association Hall on Saturday evening, February 11th, 1871. There was a large and intelligent audience present. The platform was occupied by the Faculty, members of the Board of Trustees and distinguished guests.

Dr. Alexander Wilder, President of the Board of Trustees, occupied the Chair. The exercises were opened by prayer from the Rev. E. C. Sweetzer.

Prof. J. M. Comins, Secretary of the Faculty, in delivering the report of the session, said :

“The Eclectic Medical College of New York came into existence in 1865, since which time we have held eight sessions, and graduated 120 students, sixteen of whom are ladies. Most all of these graduates are engaged in lucrative practice in various parts of the country. Scarcely a generation has passed since the first Eclectic School of Medicine was established, yet in our own land we count twelve thousand strong.

“We have State organizations in almost all the States of the Union, and auxiliary societies to each State association, working in perfect concord for the furtherance of our noble cause. Then, too, we have a National Association that gathers them all in one bond of fellowship and fraternal love.

“In our session just closed the class numbered seventy students, gathered together from the various States, as follows :

“New York, 36 ; Massachusetts, 10 ; Connecticut, 5 ; New Jersey, 2 ; Indiana, 2 ; Pennsylvania, 1 ; North Carolina, 2 ; Illinois, 1 ; New Hampshire, 1 ; Maine, 1 ; Missouri, 1 ; Michigan, 1 ; Wisconsin, 1 ; New Brunswick, 1 ; England, 5.

“In the graduating class before me there are fifteen, and we feel proud to send such accomplished scholars forth from our young and flourishing institution. They have studied long and well, delving deep into the mysteries of the mysterious art ; they have passed the ordeal of the *Green Room* with the highest honors ; and I am but echoing the voice of all my colleagues when I say we have never seen a better class from any institution. The degrees, *Ad Eundem*, conferred are five in number. The honorary degrees, four in number, have been placed to the names of eminent members of the profession.”

Dr. Robert S. Newton, President of the Faculty, next announced the names of the graduating class, as follows :

NAMES OF THE GRADUATES.

Matthew S. Aisbitt.....	Pennsylvania.
Midas E. Bishop.....	New York.
George W. Chase.....	Massachusetts.
J. B. M. Dickens.....	Massachusetts.
Elizabeth Firth.....	New York.
Edward Gordon.....	North Carolina.
Joseph Griffith.....	New Jersey.
Peter Hynan.....	New York.
Nathaniel Jewett.....	Massachusetts.
Elihu R. Morgan.....	Massachusetts.
William Prankard.....	New York.
Marie J. Parks.....	Indiana.
Edwin M. Ripley.....	Connecticut.
Joseph T. Ricker.....	Ohio.
Joseph Simms.....	New York.

Ad Eundem.

William Aspinwall.....	England.
Robert L. Bayley.....	England.
George Lamb.....	England.
William Lewis.....	England.
William T. Y. Smith.....	England.

Honorary.

Geo. W. Carpenter.....	New York.
Samuel Clark.....	Illinois.
Albert Fox.....	New York.
James J. Sharp.....	New York.

Dr. Alexander Wilder, in presenting the diplomas, addressed the graduating class, as follows :

“ LADIES AND GENTLEMEN—You have assembled daily, month after month, to prosecute the study of an art which has been regarded for uncounted centuries most essential to human welfare, and to master the principles of a science embracing within its scope the facts pertaining to the physical, and it may be the spiritual nature of mankind. The season of your discipleship has been accomplished, and you, doubtless with somewhat of exultation, now advance to receive the meed of your labor, which we trust you have faithfully and honorably earned. This hour is yours ; may it constitute an episode in your history which will deserve and hold a grateful place in memory. You must now enter the great outside world and find places for yourselves

in its social life and among its numerous industries. Your success will depend upon your own force of character, your fidelity and tact, as well as upon the thoroughness of your scientific attainments, and whatever other preparation you have made.

“My office is but to express the voice of your instructors and examiners, as the same has been ratified by the curators of this institution, and to inaugurate you into your chosen vocation. I, therefore, by the authority committed to me by the laws of this State, and by the suffrage of my official associates, and conformably to the charter and regulations of this institution, do now confer upon you each and severally the degree of Doctor of Medicine, with the honors, dignities and privileges to it pertaining.

“Welcome to the profession of which you now assume the responsibilities. Welcome to its labors and its rewards; to the opportunities of usefulness which it confers, and to whatever of delight and honorable triumph you may be enabled to achieve.

“Let your fidelity, your patience, your stability of purpose, be equal to the importance of the relation which you have now assumed to your fellow beings. They look to the physician for counsel in the most important, and often in the most delicate matters of their life; for they almost instinctively believe that the medical art is exercised only by those having superior knowledge, the fullest sympathy with suffering, and a power of perception or wisdom almost supernal. In the hour of pain, during the tedious watches which the patient unwillingly keeps, the medical adviser is the most welcome of visitors, for with him comes whatever of hope can be aroused for relief and restoration. If the mind is burdened and the heart wrung with grief, even then often the physician is regarded as the proper minister of consolation and peace. This has been the case with all peoples, all ages and countries. Let this confidence be accepted with the rarest fidelity. I charge upon you to observe rigidly the obligations of the ancient oath which all who were authorized to practice the healing art were formerly required to promise—to perform faithfully and conscientiously the duties of your vocation, to maintain its honor and dignity, to preserve inviolate the secrets of your patients, and ever to uphold the cause of truth and science.

“The school of medicine into which we have sought to initiate you, with its peculiar modes of treatment, was born of the inexorable purpose of the people of our country to have a safe as well as scientific system of practice. We are the representatives of the revolution

which is overturning the barbarous dominion of sick room tortures and poisonous medication, which now requires practical results rather than a learned technology, and makes the recovery of the sick rather than the display of the tinsel of erudition the test of merit. We are not to be overborne by any reproach or contumely because of our origin. Antæus, when engaged in deadly conflict with Hercules, always resisted attack with success; when, falling upon the bosom of his mother, the earth, he thus could resuscitate his strength. The Eclectics, however overborne, will always hold their own, so long as they can, amid all the odds, remain the humble physicians of the people.

"The little ball of snow upon the mountain summit is hardly of itself a thing to be noted or remarked; but as it moves along it aggregates to itself new accretions and increased momentum, and so continues its progress on, on, around, till finally we find it has become the mighty avalanche whose career can no longer be obstructed, for its force is irresistible. Such is the similitude of our own history. We are yet in the earlier periods, but our therapeutics and our *materia medica* have been the gospel of the sick, and our professional rivals have gladly appropriated them for their own advantage. The lancet, more destructive than the weapon of the soldier, has rusted in its sheath; for the people now, enlightened by the preaching of the medical reformer, refuse to be subjected to its use. May we yet be able to expel from our practice the mineral which no benign spirit of life has ever permeated, and substitute the organic product of nature, in the molecules of which, the heat, light, actinism, and every beneficent potency which the sun disseminates, are all stored away, and which life itself has organized, baptized, assimilated and made sound."

The charge to the graduates was made by Prof. Paul W. Allen. It was able and interesting, and embodied fitting words of counsel, with many valuable suggestions.

Hon. Horace Greeley then delivered an address to the graduates. He expressed his belief in the theory of medical progress, and remarked that, within the last century, the cause of science had progressed more than within the twenty centuries previous. In this connection he disclaimed conservatism in medical theories, observing that all the great scientific discoveries, such as the circulation of the blood, &c., were at first strongly opposed by the dignitaries of the profession. He counseled them to study, and to make themselves perfect in

the treatment of a particular disease, rather than to obtain an indifferent knowledge of various diseases; and with this idea carried into effect, with honesty and perseverance, he had hopes of greater promise in the medical science.

The valedictory oration was pronounced by Joseph T. Ricker, M. D. It was able, eloquently delivered, and well received on the part of the class and all present.

A highly interesting and humorous speech was then made by the Rev. E. C. Sweetzer. It contained much solid advice to the graduates in their future career, and abounded in happily conceived illustrations and well directed hits at the other schools of practice.

The exercises were enlivened by several fine operatic airs, performed by the eminent organist Chas. B. Schuyler.

NATIONAL ECLECTIC MEDICAL ASSOCIATION—APPOINTMENTS.

We are requested by the President of the National Eclectic Medical Association to make announcement of the following appointments for the annual meeting of this association in the City of New York, on the first Wednesday of October, 1871.

COMMITTEE ON THEORY AND PRACTICE OF MEDICINE.

- John Stow, M. D.....Massachusetts.
- W. H. Wohlgenuth, M. D.....Illinois.
- S. H. Potter, M. D.....Ohio.

SURGERY.

- Robert S. Newton, M. D.....New York.
- R. A. Gunn, M. D.....Illinois.
- M. R. Teegarden, M. D.....Wisconsin.
- W. H. Young, M. D.....Illinois.
- J. W. Ellis, M. D.....Indiana.

GYNECOLOGY.

- C. Edwin Miles, M. D.....Massachusetts.
- J. M. Comins, M. D.....New York.
- W. H. Molesworth, M. D.....Iowa.
- M. B. Hayden, M. D.....New York.
- J. M. Youart, M. D.....Indiana.

MATERIA MEDICA.

- J. S. Vandewalker, M. D.....Indiana.

J. F. Cook, M. D.....	Illinois.
H. E. Firth, M. D.....	New York.
J. B. Lewis, M. D.....	Illinois.
Wm. Jones, M. D.....	New York.

ECLECTICISM.

G. W. Pickerill, M. D.....	Indiana.
Milton Jay, M. D.....	Indiana.
C. T. Thompson, M. D.....	Pennsylvania.
J. A. McKleve, M. D.....	Iowa.
H. K. Whitford, M. D.....	Illinois.

OPHTHALMIC AND AURAL SURGERY.

Edwin Freeman, M. D.....	New York.
J. M. Youart, M. D.....	Indiana.
H. Moe, M. D.....	Minnesota.

PHARMACOPŒIA.

John King, M. D.....	Ohio.
H. D. Garrison, M. D.....	Illinois.
Wm. S. Merrill, M. D.....	Ohio.

NEW REMEDIES.

H. J. Fisk, M. D.....	Massachusetts.
J. T. Cook, M. D.....	Illinois.
J. S. Cowdrey, M. D.....	Indiana.
E. W. Stevens, M. D.....	Wisconsin.
E. Suell, M. D.....	Minnesota.

MICROSCOPY.

J. E. Hurlburt, M. D.....	Illinois.
A. F. Elliot, M. D.....	Minnesota.
W. Roberts, M. D.....	Iowa.

CHEMISTRY.

J. M. Sanders, M. D.....	New York.
H. D. Garrison, M. D.....	Illinois.
W. H. Davis, M. D.....	Illinois.
W. Ross, M. D.....	Iowa.
A. A. Wood, M. D.....	New York.

PRESENT STATUS OF ECLECTICISM.

NEW YORK.

P. A. Morrow, M. D.	B. J. Stow, M. D.
D. E. Smith, M. D.	

CONNECTICUT.

S. B. Munn, M. D.	O. H. Jewell, M. D.
J. H. Robinson, M. D.	

MASSACHUSETTS.

W. R. Hayden, M. D.	R. W. Geddes, M. D.
H. G. Newton, M. D.	

PENNSYLVANIA.

J. M. Harding, M. D.	M. S. Bronson, M. D.
C. D. Thompson, M. D.	

OHIO.

O. E. Newton, M. D.	T. J. Wright, M. D.
S. H. Potter, M. D.	

INDIANA.

W. H. Hendrick, M. D.	R. R. Haw, M. D.
W. F. Flory, M. D.	

ILLINOIS.

A. B. Westcott, M. D.	D. H. Morgan, M. D.
L. C. Washburn, M. D.	

IOWA.

J. R. Duncan, M. D.	C. E. Witham, M. D.
W. Roberts, M. D.	

MICHIGAN.

A. R. Baker, M. D.	E. M. Shaw, M. D.
R. A. Beach, M. D.	

WISCONSIN.

E. W. Stevens, M. D.	A. J. Leslie, M. D.
J. W. Hamilton, M. D.	

MINNESOTA.

E. H. Morehouse, M. D.	A. F. Elliott, M. D.
E. Snell, M. D.	

 MEDICAL STUDENTS.

THE successful establishment of the Eclectic Medical College of New York affords such fine facilities for acquiring a thorough medical education that every practitioner of medicine, who is a friend of this school and the profession he represents, should consider it his duty to select young men of good abilities to become medical students, and then encourage and assist them in their studies. Every man who is now practicing medicine must in time vacate his position; consequently he should in time educate some one to take his place, and certainly no one is better calculated to select his successor than himself.

If every practitioner of the Eclectic School of Medicine in the United States should prevail upon one student to study medicine, our ranks would not only be strengthened, but every vacancy occurring from death or other causes among our practitioners would be kept filled.

It is a well known fact that the larger portion of the Eclectic practitioners, especially in the Eastern and Northern States, are old or middle aged men, and all such must of necessity soon give up their business. Their places must either be filled by practitioners of another school of medicine, or their old friends and patrons left without help.

Why do not our school of practitioners appreciate this fact, and fill our schools with the very best young men in the country? A practical and individual interest of this kind on the part of Eclectic physicians, is necessary to the complete accomplishment of the object which must be dear to every friend of our system of practice.

If the physicians of the East and North will be influenced by these suggestions, the Eclectic Medical College of the City of New York, instead of having sixty or seventy students, shall take the foremost and highest place among the medical institutions of the country, and a large force of intelligent and effective men will be annually sent forth to swell our ranks and strengthen our cause.

NEWS AND MISCELLANY.

ABSTRACTS FROM BRAITHWAITE'S RETROSPECT, JANUARY, 1871.

CONTAGIOUS DISEASES.—*Propagation by Milk.*—Milk has a peculiar power of absorbing smells. If a bowl of milk is placed near recent asphaltum it will be found to taste and smell of the asphaltum. It is found that milk will absorb a variety of offensive odors, such as those from assafoetida, faeces and urine. This power of absorption resides principally in the cream. It has not been positively proved, but it seems not unlikely that it may in like manner absorb contagious matters, and so be means of propagating such diseases as typhoid and scarlet fevers.

ELECTRICITY.—*Effect of Electricity on Muscles.*—Electricity may be made to do either of two things, namely, reduce the contractile power of an over acting muscle, or increase the contractile power of a feebly acting or paralyzed one. To do the former, pass a continuous galvanic current through the muscle, downwards, along the course of the limb. This current must not be sufficiently strong to cause pain.

The same thing may be accomplished by weak faradization rapidly interrupted—more rapidly than in most electro-magnetic machines. To do the latter it is only necessary to use the interrupted current. Supposing the case is one of wry neck, it may be treated by applying the galvanic current to the contracted muscle, to reduce its contractility, or the interrupted current to the opposite muscle, to increase its contractility, so as to overcome the contraction on the other side of the neck.

ANÆSTHESIA OF A LIMB.—The cases of anæsthesia of a limb in which, *par excellence*, electricity is of service, are not those occasionally met with accompanying some acute cerebral disease, but those which are more or less “hysterical” in their origin. There is generally marked anæsthesia of a limb associated with a certain amount of awkwardness of movement, sometimes with definite loss of power. Cases of this kind, which have lasted for months or years, will be not unfrequently cured by electricity after two or three applications.

NEURALGIA.—*Electricity.*—In painful affections, such as the neuralgiæ, migraine, sciatica, tic doloreux, and also in some conditions of modified sensibility, such as the spontaneous feeling of heat or cold, the sense of numbness, tingling, “pins and needles,” or such like discomforts, electricity is often of considerable service. The continuous galvanic current should be used, and it should be only of such strength as to be just perceptible by the patient. It should be applied by well wetted sponges.

ACUTE BRIGHT’S DISEASE.—Rest in bed, with a scanty diet, will suffice for the cure of many cases of acute Bright’s disease, without any other treatment whatever. The diet may consist of milk alone, or milk with an egg or two in the course of the day, or with the addition of beef tea or animal broth. Under this regimen the congestion of the kidneys soon ceases, and the urine again becomes copious and free from albumen. When the congestion is extreme, local bleeding by leeches, or cupping on the loins, is useful. Alcohol in any form is as a rule injurious, as it imposes extra work on the kidneys. In all cases of recovery from long continued albuminuria, iron in one form or another is called for, and the tincture of the perchloride and the syrup of the phosphate are the most suitable preparations.

ALBUMEN IN THE URINE.—*New Test for.*—Add to the liquid to be examined in a test tube ten minims of alcohol, of specific gravity 0.805; shake thoroughly, but gently, so as to avoid the production of froth; then drop in the same quantity of carbolic acid, and shake very thoroughly; allow it to stand for a minute, and if the merest trace of albumen is present distinct flocculi will be seen floating in the liquid. This is much more delicate than the heat and nitric acid test.

CICATRICES FROM BURNS.—The evils attendant on large cicatrices from burns may be relieved by very simple means, viz., the relaxing of the tension caused by these bridles by making a large number of

small divisions of the cicatrix. The incisions may be close together, and eight or nine lines in length. These small wounds will heal from the edges, giving a greater length of cicatrix and more freedom to the joint, and the process may be repeated again and again, if necessary.

CORNS.—*Radical Cure of.*—Cover the surface with a vesicating plaster, well charged with cantharides powder. In twenty-four hours the raised cuticle round the corn can be removed and a coating of tannin laid on the exposed and tender surface, then a tannin ointment laid over the part. The *rationale* of the process is, in fact, "tanning the corn."

SMALL-POX.—*To Prevent Pitting after.*—By means of a small camel's hair brush touch the apex of each pustule, as soon as the eruption becomes manifest, with strong vesicating liquid. The face should then be varnished over with flexile collodion, by mixing equal parts of neats-foot or lard oil and collodion. This at once allays the pain of the blistering, and limits its effect to the apex of the pustule in extent. After twenty-four hours a lotion, formed of starch and glycerine, may be applied two or three times a day by means of a flat camel's hair brush, so as thinly to cover the part and exclude the atmosphere.

GONORRHOEA.—Commence with a mild aperient, and for the next week or ten days simply direct your patient to abstain from active exercise, and moderate the amount of daily consumption of wine or other alcoholic drinks, if large—the diet otherwise remaining the same. As soon as the local pain and profuse discharge are somewhat reduced, resort to quinine, iron, or other tonics; ten or twelve grains of citrate of iron and quinine, twice daily, will answer the purpose well. At the same time wine may be given on the same tonic principle. At the expiration of about a week from the commencement of the treatment by tonics an injection of one grain of sulphate of zinc to the ounce of water, used night and morning, may be prescribed. The above tonic plan of treatment will often cure a case of primary gleet in four days.

SLOUGHING SYPHILITIC SORE THROAT.—Great benefit may be derived by painting the diseased surface over with Calvert's liquid carbolic acid, undiluted, by means of a camel's hair brush. The brush should be pushed well upwards and downwards, so as to reach as much as possible of the diseased surface. After the first application a weak solution should be substituted, and applied frequently; at the same time as good support as possible should be given, and, medicinally, five minims of liquor cinchonæ, five minims of Battley's solution of opium, and ten grains of iodide of potassium, in an ounce of water, three times a day.

TREATMENT OF CHILBLAINS.—Mr. Fergus calls attention to the salve of sulphurous acid in the treatment of this affection. It should be applied either with a camel's hair brush, or, better, by means of a spray producer. One application by the latter method usually effects

a cure. The acid should be used pure, and he finds Clark's spray producer the best when both hands are free; Richardson's when only one is so. A good wash for hands or feet affected with chilblains, is, sulphurous acid three parts, glycerine one part, and water one part. The acid is particularly useful in the irritating, tormenting stage of chilblains.—*Lancet*, Nov. 2, 1870.—*Practitioner*, Jan., 1871.

OIL OF PEPPERMINT AS A LOCAL APPLICATION IN NEURALGIA, ETC.—A correspondent of the *Lancet* says: "A few years ago, when in China, I became acquainted with the fact that the natives, when suffering from facial neuralgia, applied oil of peppermint to the seat of pain with a camel's hair pencil. Since then, in my own practice, I have frequently employed the oil of peppermint as a local anæsthetic (?) not only in neuralgia but also in gout, with remarkably good results. I have found the relief from pain to be almost instantaneous."

A NOBLE REPLY.—It is related of Professor Agassiz that an intimate friend once expressed his wonder that a man of such abilities as he possessed should remain contented with so moderate an income. He replied: "I have enough. I have not *time* to make money. Life is not sufficiently long to enable a man to get rich and do his duty to his fellow men at the same time."

A LEADING German medical work speaks in terms of much praise of a work on "Progressive Atrophy of Muscle," by Miss Frances Elizabeth Morgan, M. D., of the University of Zurich.

THE EFFECT OF URINE ON THE TISSUE. BY SIMON, OF HEIDELBERG.—Acid humor in wounds, or injected below the skin, is as harmless as water, but every quantity of ammoniacally decomposed urine produces sepsis. In cases of acid urine, with gangrene that was caused by pressure (decubitus), A. Mentzel made the same experiments, and stated the above. He failed, by injection of acid urine below the skin of a dog with excessive force, in producing gangrene. The large quantity of urine was absorbed within a few days without producing any bad effect. Only after the urethra had been destroyed he saw gangrene occurring.—*Wiener Med. Wochensch.*—*Ind. Med. Journal*.

A NEW METHOD OF REDUCTION OF SHOULDER LUXATIONS. BY DR. KOCHER.—After mentioning the methods of elevation, of rotation, Gordon's, Bichat's and Cooper's, K. refers to his experiments on corpses and three successful cases of the following treatment: The arm is easily turned outward, then raised in the sagittal direction to the horizontal. If the arm is turned inwards the head of the arm bone slips undoubtedly in through the relaxed capsule. This method is recommendable in all cases where the dislocation is not much, and no fracture in the joint.—*Berlin Klin. Wochensch.*—*Ind. Med. Journal*.

SYPHILITIC INFECTION FROM KISSING.—Dr. F. F. Maury says (*Med. and Surg. Reporter*): "I have seen two cases, one now on hand in my private practice, where a patient with mucous patches upon the lip, kissing another, developed upon the lip of the latter a hard chancre

with its attendants of indurated base, involvement of the submaxillary lymphatic ganglions of the affected side, and a profuse secondary manifestation of roseola maculata."

ANÆSTHESIA WITH CONSCIOUSNESS.—The *Lancet* says that "Dr. Richardson, the indefatigable laborer, who, by the way, must have discovered a score or two of anæsthetics, aims at the discovery of an anæsthetic which shall destroy sensation for a very short time, and yet leave consciousness, will, and organic muscular power unaffected. This will indeed be a great discovery. It will give a curious direction to our attempts to differentiate mental qualities and the parts of the nervous centres in which they reside. Dr. Richardson's experiments, especially those with methylic ether, give proof that it is possible to remove pain without abolishing consciousness."

TOOTHACHE DROPS.—By Albert E. Ebert.—(*Pharmacist.*)

Take Tincture of aconite root.

Tincture of opium,

Chloroform,

Carbolic acid, of each one fluid ounce ;

Oil of cloves, half a fluid ounce ;

Alcohol, one and a half fluid ounces.

Mix.

KANSAS ECLECTIC MEDICAL ASSOCIATION.—The second annual meeting of the Kansas Eclectic Medical Association, was held at Topeka, Kansas, on the second Tuesday and Wednesday in February, 1871. There was a large attendance of the Eclectic physicians from all parts of the State. They enjoyed a very interesting and profitable session. They have procured a State charter, and become a body corporate. The following persons were elected officers to serve for the ensuing year :

President—G. H. Field, M. D., of Leavenworth, Kansas.

1st Vice-President.—D. B. Crouse, M. D., Oswego, "

2d Vice-President.—V. Simmons, M. D., Lawrence, "

Recording Secretary.—A. M. Eidson, M. D., Topeka, "

Corresponding Secretary.—Chas. Gapen, M. D., Montana, Kansas.

Board of Censors.—Drs. S. C. Martin, C. D. Ward and D. B. Crouse.

For the next annual meeting the appointments were as follows :

Dr. Martin, Specific Medication.

Dr. Ward, Cholera Infantum.

Dr. Eidson, Rational Medicine.

Dr. Crouse, Typhoid Fever.

Dr. Summerfield, Medical Jurisprudence.

Dr. Field, Scrofula.

Dr. Simmons, Cerebro Spinal Meningitis.

Dr. Gleason, Diphtheria (continued).

Dr. Surber, Malaria (continued).

Perfect harmony, and a disposition to work together for the cause of medical reform, seemed to prevail throughout the entire session feel-

ing confident that the Association will from year to year largely increase, both in number and interest, and thereby become a great western power in the interests of Eclecticism.

Delegates were appointed to the National Eclectic Medical Association, which meets in New York, in October of the present year. The Association adjourned, to meet at Lawrence on the second Tuesday in February.

G. H. FIELD, *President*,
A. M. ELDSOON, *Secretary*.

THE VIRTUE OF THE SUNFLOWER.—Mr. Martin, in a paper presented by him to the *Société Therapeutique de France*, affirms that the common sunflower, extensively cultivated, has the effect of neutralizing the unwholesome vapors which are so fatal to health and life in marshy districts. The Dutch, who live only by dyking and draining their low lands, and are therefore good authority, pronounce sunflower culture a specific for intermittent fever—the scourge of Holland. They assert that it has disappeared from every district where the experiment has been tried. It is not yet known whether this is the result of its rapid growth, producing oxygen, or whether it emits ozone and destroys those germs, animal and vegetable, which produce that miasma which brings fever in its train.

A NOVEL CASE AND ITS TREATMENT.—S. J. Cobb communicates the following to the *Nashville Journal of Medicine and Surgery*: “A lady having lost, at the age of twenty, all of her upper teeth, except the roots of the second left superior molar, over which she had worn a plate for ten or twelve years, called upon the dentist to have the plate refitted. He suggested the propriety of having the roots removed, and in endeavoring to do so pushed them up into the antrum. In examining into the case closely, he found, from necrosis and exfoliation, not only the floor of the antrum covering these roots destroyed, but a portion of the ethmoid and inferior turbinated bones, making an opening sufficiently large for their roots to pass into the nasal fossa, from which they passed out at the nose. There had been a copious fetid discharge through the nose for five years, following erysipelas of the face. After removing all the necrosed bone, a sponge saturated with two parts of carbolic acid and one of tincture of iodine was passed well up into the parts. For two or three days the discharge was increased, but soon decreased, and at the end of twenty days entirely ceased.”

AN IMPROVED METHOD OF PLUGGING IN EPISTAXIS.—It is generally expected when the anterior and posterior nares, are plugged, that a clot forms on the floor of the nose, which compresses the oozing vessels. M. Fano, of Paris, uses the following method: Instead of tying a pledget of cotton to the free end of the thread, he ties a series of pledgets along the string, as papers are tied to the tail of a kite. The string being now pulled from the nasal end, is made, by a little management on the velum, to pass behind the latter, with its four or five pledgets, until the latter are fairly lodged in the nose, the last pledget occluding the aperture of the posterior nares. The front may be plugged as usual. The whole is left four days.—*Lancet*.

AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

APRIL, 1871.

No. 10.

ORIGINAL COMMUNICATIONS.

THE JURISPRUDENCE OF INSANITY.

BY ALEXANDER WILDER.

(Continued.)

THE REMEDY.

A LAW to remedy their hardships should be very explicit in requiring competent testimony to show a person insane; assuring him, at the same time, of a proper magistrate and suitable persons in every commission of lunacy; superadded, if judged proper, with a trial by jury. No officer of a lower grade than a county judge should be authorized to take proceedings in the case.

It is probable that there can be no more suitable way desired for commencing than the ordinary course of complaint and arrest. But the investigation should never be *ex parte*; the person accused should have the right of defence and rebuttal as perfectly as if he was the defendant in any other prosecution. He should be represented in a commission of lunacy by at least one person chosen by him or in his behalf. Every care should be taken to prevent the adjudication from being wholly in the power of those who are instituting and conducting the proceed-

ings against him. One person in the commission should be a physician, expert in such matters; one should be an attorney, equally skilful in the law; and a third should be an intelligent layman. Perhaps there should be others, but upon this subject we are not positive.

MEDICAL QUALIFICATIONS.

There ought to be a distinction made as to physicians sitting on inquests or giving testimony in cases of alleged insanity. At the present time all graduates of medical colleges hold the same degree of Doctor of Medicine, and are, in every respect, equal in rank to the oldest and ablest members of the profession. The law ought to make a distinction. There should be three grades of medical practitioners—certainly two. The new graduate ought to be kept for a period of time under the eye of an experienced physician, before he is considered a proficient in the art; during which period he should be incompetent to give medical testimony or have any professional function in connection with persons supposed to be insane.

There ought also to be a special degree and honor for the medical practitioner of ripe learning and experience, who has magnified his vocation and made himself familiar with its important details. Such only should be permitted to sit as a professional man on commissions of lunacy; and no medical certificate should be authorized except from a qualified physician having actual knowledge of the case.

A double benefit would thus be secured. There would be protection afforded against incarceration in lunatic asylums, at the instance of incompetent or unprincipled physicians, who know not or care not how much wrong they do, provided they obtain their fee, and the medical profession itself would be placed on a better foundation.

PROTEST AGAINST UNJUST DISCRIMINATION.

We have protested, and we will protest against the assumption of persons belonging to one school of medicine that its members alone are scientific, for we know better, and so do they who make the preposterous claim. But we are willing

that every practicing physician shall be required to demonstrate his calling by thorough scientific attainment and judicious application of remedies. We have no objection to disabilities which are not created for partisan purposes or other unworthy design, but which will be effectual in increasing the qualifications of the practitioner. This cannot be done, however, by a system of pains and penalties, but can be accomplished by the incentives of honor and improved rank.

FURTHER PROTECTION FOR ALLEGED LUNATICS.

The rulings of the court in proceedings for lunacy should always be, as far as possible, in favor of the alleged lunatic as the person most needing friends.

The legislature should also provide an efficient system for the visitation of lunatics, together with a review of former proceedings, and a new trial, if the facts so warrant; and in all cases, where the proceedings have been taken on slight evidence or unworthy motives, somebody else than the person whose liberty has been thus assailed should bear the expense.

Especially, the respectability and eminent social or professional positions of the persons having the custody of those alleged to be insane should never be allowed to preponderate in the scale against individuals restrained of their liberty. It is enough for them if they have acted discreetly and in good faith. We cannot have too many safeguards around the rights of innocent persons.

A LEGAL STANDARD OF INSANITY WANTING.

We regret that there is no legal standard to determine aright these questions. A man is guilty of murder under aggravating circumstances; he is defended on the ground of insanity, acquitted, and then permitted to roam at large, without supervision or restraint. Another devotes his energies to business, with no suspicion cleaving to him of unsound intellect; but his will grants what is regarded as too much money to some charity or religious purpose, or distinguishes in favor of some particular friend or relative, and immediately its validity is questioned, and the provisions often set aside. Thus a man

may not do what he will with his own. If his wishes or tastes differ from the tastes or wishes of those around him he is declared to be eccentric, and is liable, accordingly, to be imprisoned as insane, while living, or to have his will annulled after death. No two magistrates have a like criterion to distinguish between the sane and the insane. Hence, every man's freedom to go at large is more or less insecure, and the administration of criminal law is alarmingly uncertain.

The present jurisprudence in cases of insanity, with all its ameliorations, is a blot on our civilization. It directly contravenes the purpose of civil government; it creates a universal insecurity of person and property; it invests men with extraordinary powers, without first assuring their responsibility; it deprives persons of liberty and property without due process of law. Obnoxious persons were not in greater danger of the gallows during the few weeks of excitement at Salem in the year 1692 than they are of the lunatic asylum in 1871.

LEGISLATION WANTED.

England has reformed her legislation—giving additional safeguards to those accused of insanity. We ought to have led; at any rate, we should hasten to imitate the good example. The proceedings in such cases should be so changed as to assure to the alleged lunatic every opportunity of rebuttal, as has been already indicated. The proceedings should also be reviewed or reopened whenever the facts so warrant. They can be ascertained by employing visitors to inspect every asylum within stated periods, who shall be required to investigate every equivocal or suspicious case, and see to it that an inquisition of lunacy shall be had in all instances where there is apparent propriety for such a proceeding.

Let there be an urgent appeal made to our Legislature in this matter; for delay, after the alarm is sounded, is a crime. We want no Bastiles for our people here on our soil. We ask the right which our fathers fought to leave—of freedom for our persons and control of our property, only to be jeopardized by actual wrong doing.

222 WEST 34TH STREET.

UTERINE CATARRH.

BY CHAS. H. S. DAVIS, M. D.

THERE is no disease which the gynecologist is called upon to relieve so often met with as uterine catarrh. It generally occurs in females between the ages of twenty and forty, and more especially in those who have had many labors. A large proportion of the female sex are troubled with leucorrhœa, but as long as there is no local inflammation its existence is considered of no importance; but, in nineteen instances out of twenty, in which a female seeks professional advice for leucorrhœa, she will be found on examination to be suffering from some inflammatory disease of the uterine region. Were there not local disease she would attach no importance to the discharge, feeling no inconvenience from its presence. But even when occurring independently of other uterine affections, it is a subject worthy of the highest consideration of the pathologist, as, when protracted, it causes great debility, and it may even occasion death, indirectly, by exposing her, thus weakened and reduced, to the development of incidental affections, as consumption, dropsy, etc. Uterine catarrh, also, often results in sterility, vaginitis, pruritus vulvæ and vulvitus; and Dr. Tyler Smith declares that it is even the cause of parenchymatous inflammation, granular degeneration and hypertrophy.* The predisposing causes of the disease are frequent child-bearing, habitual abortions, excessive sexual intercourse, etc. M. Colombat† cites, as predisposing causes of this as well as other uterine diseases in large cities, idleness, effeminacy, a sedentary life, the constant contact of the two sexes, and the frequenting of places where everything inspires pleasure; prolonged watching, dancing, frivolous occupations, and the study of the arts, that give men activity of the imagination; erotic reading, the pernicious establishment of an artificial puberty, etc. Acute catarrh, also, accompanies certain general diseases in which a violent fever is observed. Hence it is not rare, in the course of acute exanthemata, of roseola, scarlatina and small-pox. Scanzoni‡ says he has seen it in patients who have succumbed to typhus, cholera, and to catarrhal and

* The Pathology and Treatment of Leucorrhœa.

† *Traité de maladies des femmes et de l'hygiène spéciale de leur sexe.* Paris, 1838.

‡ A Practical Treatise on the Diseases of the Sexual Organs of Women. N. Y., 1861.

dysenteric affections of the intestine. Uterine catarrh is, in some cases, a symptom, but in many it is the disease itself. Thanks to the improved mode of diagnosis and a sounder philosophy, the long cherished error of attributing uterine catarrh to *weakness*, until the very terms of *whites* and *weakness* have come to be synonymous, must ere long be abandoned, and the dependence of disease of structural changes, even where great constitutional debility exists, must be conceded to be one of the best established facts in pathology. The mucous follicles of the uterine neck, when in a perfectly physiological state, free from all congestion or morbid influences, secrete in more or less abundance a slightly glutinous transparent fluid, of the same description as that which is secreted by mucous follicles in other parts of the body. But a discharge of mucous or muco-pus is a symptom of bronchitis, nasal catarrh, faucitis, and urethritis, so it is a symptom of inflammation of the lining membrane of the uterus, and when this becomes permanent and the discharge grows profuse or acrid, its connection with a morbid state is rendered probable. The mucous membrane lining the uterine cavity presents an intense redness, which is often spotted, the red places corresponding to the artificial openings of the utricular glands, which are surrounded by a fine capillary net work, very strongly injected. The secretion is thick, tenacious and ropy, like the white of an egg. That arising from the body of the uterus resembles the cervical form, except that it is less gelatinous, less ropy, and more likely to be tinged with blood. Pus, as a matter of course, indicates severe inflammation or ulceration, as does also muco-purulent discharge. It may be stated, as a general rule, that the mucous membrane of the cavity of the uterus never suffers from inflammatory action without the canal of the cervix is also affected. There is no disease which is so often treated empirically as leucorrhœa. If a vaginal discharge exists, and an astringent injection is employed, it may effect a cure. If it is a uterine discharge, injections will do no good except in preventing vaginal implication. Inflammation of the uterine mucous membrane, in the acute form, may terminate in resolution, though very rarely. When the inflammation has become chronic there is no prospect of its terminating spon-

taneously, at least until the age when the menstrual secretion ceases. Flexions and displacements of the uterus are serious obstacles to a perfect cure, but here modern surgery has taught us rational methods for the removal of their evil effects. In regard to the treatment of the system in general positive rules have been laid down, the validity of which is recognized by all practitioners in this branch of therapeutics. We have used with good success Hydrastin, Iloelonin, Cornin, Cerasein, Macrotin, Rhusin, etc. These agents not only prove general tonics, but they likewise have a specific effect on the uterine organs, contracting the debility produced by the disease. As regards the local treatment of uterine catarrh there still exists a great diversity of opinion. There are some who anathematize all local treatment; others are satisfied with the application of topical remedies to abrasions and granulations of the vaginal portion; few are bold enough to attempt local treatment of the mucous membrane of the cavity of the uterus. Intra-uterine injections have been in use from time immemorial until now; but with many physicians they have been given up, on account of the painful and sometimes apparently dangerous symptoms that have sometimes followed their use. * * * * Dr. Kammerer's rules for the use of intra-uterine injections are as follows:

1st. Avoid all intra-uterine treatment while there is any irritation or inflammation in the peri-uterine tissues, or in the cavity of the body.

2d. Beware of injecting fluids of low temperature into the uterine cavity.

3d. Concentrated solutions should be injected in minute quantities only (from ten to twenty drops).

4th. The entire permeability of the uterine canal shall be established before the injection is made.*

MERIDEN, CONN.

* Am. Journal of Obstetrics, Aug., 1869.

OUR PROPER FOOD AND MEDICINE.

BY S. H. POTTER, M. D., HAMILTON, OHIO.

MODERN animal chemistry has developed much of great practical utility to the people as well as to the physician. It has demonstrated that the human body contains not less than eighteen elementary principles—all, in suitable proportion, are essential to a sound mind in a sound body. Some of these are a recent discovery; and it is quite possible that traces of others may yet become known. There is one essential element associated with iron in the blood—magnese, which has but recently been detected, as strange as it may appear, the precise amount of which is undetermined. In the juices of meat exist crystallizable agents of a very curious character with an alkaline reaction, which unites with the acids of the fruits and vegetables we eat to form salts of the minerals in the circulating fluids. These remarkable agents are creatine, creatinine and omazome, which are of the greatest importance to uniform vigorous health. These are yet unclassified by animal chemists among other elements better understood.

An exact mathematical proportion of each element of the body is essential to its well being, and a knowledge of proper diet and correct medication cannot be attained until the elements of each are understood and we know and heed how to apply them to our use. Both diet and medicine must be exact. All simple elements unite to form structures in exact mathematical proportions; therefore, exact knowledge is required, both of existing material and what will renew them.

The Infinite mind that designed our physical structures "hath measured the waters, comprehended the dust in the minutest measure, as well as weighed the mountains in scales, and the hills in a balance." All substances are directed and controlled by fixed and undeviating laws. Hence, all we eat, or take as medicine, must necessarily either benefit us or injure us. The knowledge of this self evident truth shows us how very important it is for us to feel

"The proper study of mankind is man;"
Therefore, attain all we possibly can.

The largest proportion of the body is water, composed of hydrogen and oxygen, of which compounds there exist 111 pounds in the body of a man of the medium size—154 pounds.

This normal amount of water is essential to health, and must necessarily find its way into the system as fast as it is eliminated, which is ordinarily at the rate of six pints every twenty-four hours. A much larger amount of water is thrown out when we are exposed to excessive heat, or take undue exercise and sweat freely. Under such circumstances, a corresponding increase of the supply of water is imperiously demanded. Inflammatory diseases and fevers require the free use of water, therefore, to facilitate their cure. Water finds its way into the body mainly through our drink and food. A proper degree of humidity of the air is necessary to healthy respiration, and some is absorbed by the lungs and skin. About three fifths of all we eat and drink should really be composed of water. No other substance remains unchanged after it is swallowed or absorbed.

The terribly destructive influences of vital chemical action within us effect the dissolution of all other substances; they are sundered and separated, and from their elements new compounds are formed—spring into existence—of strange and complex natures. The water remains the same; it flows through our life currents as it flows from the quiet meadow spring, or dashes down the mountain cataract, unchangeable, save in its physical condition. Water is the common solvent of organic nature; more powerful than the mineral acids. It holds in solution all the nutrient as well as effete matters that enter into or are ejected from the body; it is the medium through which it is continually built up with new material, and by it the useless rubbish is washed away. Through this medium also, a large proportion of the causes of disease may enter the system if it is contaminated by any poison before it is received. How vastly important, then, that we shall have water which is wholesome and pure.

Of phosphorus, about one and three fourths pounds is essential to the soundness of the mind as well as the body. Any lack of the proper quantity of it in the brain and nerves, the medium—the mediums of all thought, sensation, action, sympathy, and all other functions of the animal economy—would prove disastrous

to these important structures. The powers of the mind might fail, and even idiocy may result. It is also an element of the bones—the very framework on which all else is built. The use of diet known to contain a large amount of phosphorus, in health as well as for medicines in all osseous and neuralgic diseases, are of the very first importance, and ought to be known and understood by all.

The metals exist in the body combined with other substances, or in the form of salts, and are, all of them, equally essential to the welfare of the human economy. Of phosphate of lime we have about five pounds; of carbonate of lime one pound; of fluoride of calcium three ounces. If these forms of limes are by any means diminished to any considerable amount the bones soften, become crooked and misshapen, and the well recognized disease, rachitis, is the result. At the first appearance of such a catastrophe this valuable substance should be supplied in food and in the form of a remedy. If lime be in excess, as often happens in the bones of old people, and sometimes with those of the young, it should be diminished and the *fibrous tissues* invigorated by proper means.

Of common salt (the chloride of sodium) we have about three and a half ounces, which acts an important part in the system; if not received in due amount the appetite fails, the digestion is impaired, and the blood suffers. How obvious is it that a due supply of good salt be used when such symptoms obtain.

About 100 grains only of iron are requisite, diluted and diffused throughout the human blood, and must of necessity always approximate very nearly that quantity. If iron be reduced only ten per cent. the person is paler, the system is sensibly affected and the strength enfeebled. If still further reduced in quantity—say 20 or 25 per cent.—local or, more likely, general dropsy would be the result. This low and watery state of the blood can only be relieved by restoring, through the use of proper food and feruginous medicines and stimulants, the iron which is wanting—the loss of which engenders so disastrous consequences.

From whence do our bodies obtain all these extraordinary metal and mineral substances diffused through them? None of

these, such as iron, magnesium, lime, phosphorus, sodium, etc., exist in an *isolated* form in our food and drink; but, combined in the elements of such wholesome and simple food and drink as God intended we should use, all these minerals exist in due proportion and abundance. The unbolted flour of the wheat, of which our bread may be made, the beans and potatoes we relish so well, contain one quarter and one eighth of an ounce, respectively, in every pound of the same. Corn meal, buckwheat, flour, rice, oat meal, pearl barley and sweet potatoes, yams, etc., occupy about the same scale. Fruits—as apples, peaches, pears, strawberries, blackberries, etc.—all luscious and good. Vegetables—as lettuce, cabbage, onions, parsnips, beets, etc., also contain their share of them when not spoiled in the manipulations of the culinary art. Beef and other meats, so necessary in proper quantity for food in cold weather, contain about one pound of these minerals in proportion in every 25 pounds of the meat.

Only a portion of these necessary minerals can be supplied by medication. Salt, iron, lime, phosphorus, etc., are efficient remedies. The first is a direct tonic in moderate quantities in an isolated form; the others in various well known compounds. If lime and phosphorus are needed, they may be taken in the natural way, in the form of cracked wheat or Graham bread, etc. The covering of the wheat is richly stored by the hand of nature with phosphorus and lime. This should not be cast away as useless, to waste in the wind or otherwise, depriving ourselves of what we need most. If we suffer from insufficient nutrition, beef soup or the extract of beef, or other similar meats, made by skilfully evaporating the juices, are all highly nourishing and the proper food. In this condition there is a deficiency of minerals in the blood. Every 100 lbs. of dry meat extract contains 21 lbs. of these most important agents needed in the human body—the mineral bases of the structures.

Our physical natures are wonderfully made and nicely and delicately balanced by the accurate commingling of all these eighteen known elementary constituents. As a general principle it is a safe rule to eat and drink in reasonable quantities, and at proper intervals, such things as the natural, simple, unpervverted appetite loves best; such as by careful observation we find the

stomach kindly receives and the digestive organs readily and easily manufacture into chyle, which is the material which constantly replenishes the blood. A due degree of prudence, and the exercise of good, common sense in regard to food and drink, as well as all other habits, and we shall need little other philosophy or pains-taking to enjoy uniform good health and strength. A sound mind in a sound body (if free from hereditary disease, and unavoidable accidents for which we are responsible) will be the rich and happy reward for pursuing the pathway which unbiassed and bountiful wisdom designed and allotted to man. If the body of an adult person weighing 154 lbs. were subject to chemical analysis the result would be, if written in the usual manner, nearly, though not strictly accurate, as follows:

	POUNDS.	OUNCES.	GRAINS.
Oxygen.....	111	0	0
Carbon.....	21	0	0
Hydrogen.....	14	0	0
Nitrogen.....	3	8	0
Calcium.....	2	2	0
Phosphorus.....	1	12	190
Sulphur.....	0	2	219
Chlorine.....	0	2	47
Flourine.....	0	2	0
Sodium.....	0	2	114
Potassium.....	9	2	290
Iron.....	0	0	100
Magnesium.....	0	0	12
Silicon.....	$\frac{0}{154}$	$\frac{0}{00}$	$\frac{2}{000}$
Osmamazome, Creatine, Creatine and Magnese in undetermined quantities.			

It may thus be clearly seen that the modern discoveries of animal chemistry no longer allow navies and armies to be disabled and decimated by scurvy and other diseases; the living bodies of the seamen and soldiers to be disintegrated; their gums fall from their teeth and jaws; the blood to ooze from every orifice while living upon a full supply of beef and pork. Animal chemistry has taught us that nature requires also fruits and

vegetables, to render the flesh compact and healthy. Old foggy doctors are no longer allowed to starve the tender, innocent children, when suffering the diseases incident to dentition, by thousands on a regimen of corn starch and arrow root. The masses of the people, who, are only tolerably well informed, have learned that our food must contain all the chemical elements of the human body and as little foreign to it as possible as surplus, and to clog in its way.

Another equally important truth is getting pretty generally well understood ; that is, that substances foreign to our bodies in doses, form or potency, irritant or narcotic poisons, are about as pernicious to health and life, persistently continued as medicines, as they are as food and drink. They with one united voice are beginning to exclaim from both of these, "Good Lord deliver us."

March, 1871.

GANGRÆNA SENILIS.

A CASE IN PRACTICE BY MRS. J. B. JONES, M. D.*

Mr. R——, aged 78, after having taken a long walk on the 12th of April, 1870, came home and went to bed, feeling quite weak. On the 14th he was unable to sit up, complaining of nausea and some vomiting, which symptoms were relieved by domestic remedies. On the 17th he was taken with a violent pain in the calf of his right leg, which soon passed into the foot. The doctor in attendance pronounced it neuralgia. I was sent for and thought it was a case threatening gangræna senilis. I ordered hot fomentations and poultices. They had the effect of relieving the pain and restoring warmth. After a few days it took another form and showed spots, which an old practitioner decided was ecchimosi, but which to me clearly showed Pott's disease, so well defined in "Syme's Surgery."

I adhered to my first diagnosis, and on the 6th of May commenced treating as directed by Dr. Robert S. Newton in his notes in "Syme's Surgery"—zinci sulphatis and pulvis fulvæ—using

* This case was treated at Rochester, Pa.

cyprisedin in 2 gr. doses as a nervine, and baptisia tinc. internally and in poultice. Well knowing the position I occupied, and being a stranger in the place, on the 10th I told the family my opinion was unchanged, but to satisfy them, and make them feel assured that all was being done that could be, I would like them to call who they pleased and have a consultation; six gentlemen, who are considered the best of the school they represent, were called in (and I must here say I was never better treated by any members of the profession than by these gentlemen, who are members of Beaver County, Pa., Medical Society). After seeing the patient, they unhesitatingly gave the same diagnosis that I had done, and one gave as his prognosis that he would live eight weeks; each of them assured the family I understood the case as well as any of them, and was competent to care for it to the end (which duty I feel that I faithfully performed, dressing it myself each time that it was necessary to be done for over 70 days). To my first treatment I added acidi carbolici in glycerine to the whole surface, and to the spots used its full strength, which seemed to have the desired effect. At the consultation it was thought best to try carrot poultices and hypodermic injections of morphia, which was done.

The patient, having a very strong will, objected to each and all applications after they were used a few times, and this made it difficult to attend to, and finally for over a week he would not allow anything to be used but salve made by his own direction, which gave the disease such a headway that nothing could stop it in its final course. One day one of the physicians that was present at the consultation called in, and as he held out such hopes to the patient and his family he was requested to attend with me, and so came and looked on while I dressed the foot, and at night applied the morphia, and occasionally would talk of amputation (having once been A. S., U. S. A., during our late war). He proposed to perform Chopart's operation, and once wanted to remove the limb at the lower third of the femur. Meeting opposition from the family as well as myself he dropped the subject. He advised the use of cranberries to the leg—where the inflammation showed signs of spreading. We did use them until the skin became so tender that the acrid fruit

gave such pain and suffering to the patient that he would plead to have them removed, which was done. We made use of charcoal and yeast to the foot to keep down the fetor. I also made use of basilicon ointment, as that satisfied the patient, who persistently said it needed only some salve to heal—resorting occasionally to the charcoal to keep down the fetor, which was so bad that I could hardly bear to enter the room. It was dressed as the patient desired. His strength gave way slowly at first, and finally he took to his bed and was unable to be moved. At first he got along nicely, but after a while bed sores made their appearance, and took on a gangrenous character; and as his strength failed the morphia affected his mind, and its use had to be abandoned, and small doses of whiskey substituted; for a few days before his death he quit the latter himself. After death, which took place on the 13th of July, just three months from his first symptom, upon examining the body I found the gluteus maximus much eaten through, and could be laid back about five inches in length and two and a half inches wide, thus exposing to view the gluteus medius, which was partially destroyed; also, further up, the latissimus dorsi was implicated, and the right leg to the knee and the left foot had some spots, which were only visible a few days before death.

I think a persistent use of the remedies advised by Dr. Newton would have held the disease in check, and thus prolonged his life many months; but neither he nor his family would allow that to be done, and they thereby took the case in their own hands. It being necessary to see to the dressing, my services could not be dispensed with, so I attended to the end.

157 EAST 26TH ST., N. Y. CITY, }
March, 1871. }

DOCTOR RIP VAN WINKLE WAKING UP.

BY ALEXANDER WILDER, M. D.

Sleep once more till thirty years come round,
You'll find the lancet in its honored place,
Leeches and blisters rescued from disgrace,
Your drugs redeemed from Fashion's passing scorn,
And counted safe to give to babes unborn."

O. W. HOLMES.

The New York *Journal of Medicine* for January contains a paper read by Dr. Fordyce Barker, at the December meeting of the Medical Society of the County of New York, upon the subject of "Blood-letting as a Therapeutic Resource in Obstetric Medicine." He introduces the subject by informing us that on the day following his return to New York, after his summer vacation, he was called to see a young married lady in the sixth month of her first pregnancy, whose symptoms were such that he considered blood-letting indicated. Having no lancet in his pocket he repaired to the surgical instrument shop at the corner of Broadway and Thirtieth street to procure one, when his demand was politely answered by an expression of regret that there was no lancet in the shop. This is the only shop of the kind for two and a half miles from the business centre of the city, and the fact is significant of the change in medical practice. For fifteen years past, Dr. Barker could not recollect a single instance where blood-letting had been resorted to, except a few cases of puerperal convulsions. Yet, thirty years ago, the "standard authors," of whom eighteen are named, advised it for uterine irritation and uterine plethora, erratic pains, cramps and numbness of the inferior extremities, spasmodic cough, palpitation, pruritus, varices, inquietude, loss of sleep, solicitude and anxiety, headaches, drowsiness, vertiginous complaints, hemiplegia, anasarcaous swellings of the lower extremities, to prevent abortion, and also to promote expulsion when abortion is inevitable. The Doctor remarks: "Now, as some one of the above large catalogue of symptoms was pretty sure to occur during gestation, parturition or the puerperal period, it came to pass that formerly a large majority of women were bled during the above period."

He is of opinion now that blood-letting is too much neglected, and, "as his clinical practice becomes enlarged, he is getting to bleed more frequently. He does this for uterine congestions, apparent cerebral congestion as marked in the temporary albuminuria of pregnancy, convulsions during labor, great fullness of the vascular system, uræmia, and certain very rare forms of puerperal mania." He cites Dr. Benjamin W. Richardson, president of the Medical Society of London, as also advising the use of venesection.

The discussion which followed the reading of the paper of Dr. Barker exhibited the noteworthy fact that the older members of the society had made little change in their sentiments in regard to blood-letting. So far as "the general sentiment" has brought about a reform in practice, they have accepted it with an ill grace, and the change was only pretended. Laying aside their lancets, they imported leeches from South America with which to bleed their patients; and, perhaps, if these had been discarded, they would have procured mosquitoes from New Jersey, if not adders and rattlesnakes.

No wonder that in the middle ages physicians were nicknamed "leeches," after their favorite reptile, as when, at a later period, when they adopted mercury (German, *quäcck silber*) as a medicine, they were denominated "quacks"—a name which they ought to retain.

Dr. Peaslee believed that blood-letting should be confined to plethoric patients; but in eclampsia he thought "there should not be a single doubt as to its immense value." He had been in practice twenty-nine years and seen all the change in opinion on the subject. But, added he, "we are all of us taking blood in our daily practice and cannot get along without it. If we apply a single leech we take blood; if a dozen, we take more; in venesection we take it more rapidly and with more certainty as to its amount; there is no other material difference."

Dr. Isaac E. Taylor, though by no means an advocate of frequent bleeding, thought that if the two conditions of active congestion and hydraemia could only be clearly distinguished, there would be no treatment of greater value in the cases which indicated blood-letting.

Dr. Barker explained that in a certain class of cases of anæmia and hydræmia the deficiency of red corpuscles may be accompanied with excess in the quantity of blood, such as to produce local congestion; and so blood-letting may be necessary for relief. In the convulsions of parturition it was only required to prevent lesion of the brain and apoplexy.

Dr. F. D. Lente "in an obstetric practice of twenty years had seen many cases benefitted by blood-letting. He was speaking especially in cases of threatened uræmic convulsions, which probably constituted nine-tenths of those in which the question arises. But he had seen many more patients benefitted by other remedies than bleeding." On the whole, he should rely upon such agents as morphia, chloroform and veratrum viride in puerperal.

Dr. James L. Brown was more positive in opposition to blood-letting. He represented a class of physicians whose experience has fallen within the period of the last fifteen years or so, in which blood-letting has hardly been practiced at all. During that time he had never seen venesection done. He thought that the long list of ailments cited by Dr. Barker, in which the old authorities all agreed to bleed, constituted a full answer to the question whether they were mistaken. In many of these ailments we now know beyond a doubt that bleeding is injurious. These conditions had been mentioned in the paper as furnishing indications for blood-letting, congestion of the uterus, congestion of the kidneys, and congestion of the brain. He had never seen a case in which he could diagnosticate congestion of the uterus during pregnancy. In chronic Bright's Disease, aggravated by that condition, puerperal convulsions are occasioned, but no amount of blood-letting could relieve the uræmia, as it could not remove the ural lesion. It is a question whether or not venesection is of any service in the capillary congestion of the kidneys, to which it is generally believed that convulsions may often be attributed, and as to cerebral congestion it is well known that there are those who deny that bleeding can affect it at all. Dr. Bennett declares that "no amount of blood-letting can diminish the amount of fluids in the cranium." Trousseau very positively forbids it in all such cases as those referred to by Dr.

Barker, believing it can only hasten the death of the patient. As for plethora, Dr. Brown doubted whether there really is such a thing; he had never yet seen a man whom he thought to have too much blood in his veins. Dr. Chambers, in his "*Renewal of Life*," not only had asserted his own disbelief of the existence of the plethoric condition, but also that he did not know any intelligent physician who did believe in it. Dr. Brown declared his own belief that the profession had not dropped blood-letting without good reason. It had also modified its heroic dosing since homœopathy taught it that many diseases would get well without medicine.

Dr. Hubbard, repelling the progressive views thus boldly propounded, declared that he had bled in every case of puerperal convulsions that had come under his hands, and shall continue to do so. Dr. Prince was also prepared to endorse in full what Dr. Barker had said; "in his own experience blood-letting had proved more efficacious than any other treatment."

Dr. Austin Flint said: "Although he had been, when young, opposed, he had found himself, for the last few years, an advocate of blood-letting to a certain extent;" and ventured the prediction "that not many years will elapse before we shall again find the profession practicing it—though in a very different way from our predecessors. *The lancet is again to find its place in our armamentarium.* Before many years we shall find mercury again held more highly in esteem."

The President of the Society, Dr. Abraham Jacobi, concluded the discussion. He believed that venesection should never be resorted to, except in a class of inflammations which Dr. Flint had mentioned. Its benefits he regarded as purely mechanical; it will cut off inflammation at the first stage, solely because it relieves the local hyperæmia—the blood-vessel pressure. In pulmonary œdema the air-vessels and bronchial tubes are rapidly filling up and the patient is suffocating; "if anything will relieve this it is venesection." The same held true, he declared, in œdema of the brain; "we can only ask: Will this patient live for half an hour if I do not resort to venesection? The symptomatic condition is thus fulfilled; in most cases we shall afterward have time to decide what shall be done to

relieve not only the general previous cedema, but also the added troubles brought about by our enforced interference. So, also, in all the cases mentioned by Dr. Barker," he added, "I believe we are to resort to venesection simply to save the life of the patient.

REMARKS.

It is related that once when Rome was in peril it was proposed to revive the worship of the old gods of the empire. Burning a few Christians, after rolling them in pitch used to constitute a pleasing entertainment on such occasions. These old school practitioners appear desirous for an analogous revival of religion. Unwillingly they dropped their lancets—deceptively employing instead their namesakes, the leeches. Homœopathy, itself a mitigated form of old school practice, barring its Homoian theory, has proved that the execrable drugs, with which patients had been poisoned by hecatombs, were unnecessary. They yielded only because the people had forced on them the alternatives to stop bleeding or do without patients. Much as they loved their "scientific practice," they loved gain far more. Cupid was supplanted by cupidity.

However, these men are getting old; and this exhibition of their youthful foibles superseding the experience of maturer years, demanding again their lancets and mercury, is the token of their approaching second childhood—the prayer of senility.

We fear nothing from the returning wave. We shall have no occasion to erect a dyke to keep the coast from being overflowed. We of the Reformed School of Medicine, as the physicians of the people, first instituted the revolt against bloodletting and medical poisoning—a practice more devastating and murderous than the army of Attila. We then were "a feeble folk," fettered by barbarous and unconstitutional laws; now we are stronger. Besides, we have powerful auxiliaries in the old school ranks. Trousseau, Bennett, Chambers and others have demonstrated the doctrines which we proclaimed, and their words cannot be gainsaid. The class of physicians whom Dr. James L. Brown represents are able to keep the lancet excluded from the armamentarium till the old men are completely superannuated that are so eager to return to bleeding and to reinstate their shorn Sampson in power.

But suppose the contest is renewed, and the Sangrados sharpen their lancets for the shedding of blood. The people themselves will be aroused as never before, and will speedily terminate their career, and with it their monopoly of all places of emolument, which they have sedulously held under the pretext of being "regular." Health officers, Sanitary Commissioners, examining physicians and others will no longer be taken exclusively from their ranks. The rebellion was not more destructive to those who engaged in it than will this endeavor to restore the dominion of medical barbarism prove to those who make it. They are committing professional suicide, and we are glad of it. They will not be obeyed, although, like Joshua, they command the sun and moon to stand still.

Now that our medical Rip Van Winkles are awakening from their sleep of thirty years, we notice that they propose to make women, who, are comparatively helpless, the subjects of their phlebotomy; perhaps from a consciousness that the men will not stand it. Those whom God has consecrated with the seal of maternity are first and principally the ones to be attacked.

Nature herself teaches better. If pregnancy is a disease or predisposes to disease, it ought not to be permitted to exist. If a woman in that condition needed to part with blood, her physical organization would have been so constituted as to provide for its excretion. But instead, as Cazeaux and others have shown, she requires more careful nourishing. The sentiment of Michelet, in *L'Amour*, that a woman is always sick, is a repugnant one to men who admire and esteem the female sex. We have little patience for the notion that women exist principally for the purpose of being doctored. Many physicians are subsisting almost entirely from practice among female patients.

Is this proposition to compel women to submit once more to blood-letting a fruit of the new-fangled science of gynecology? It is important that this be understood. The unfortunate victims in the language of the Apocalyptical writer is manifestly true: "The devil is come down to you having great wrath, for he knoweth that he hath but a short time."

PERISCOPE.

The Communicability of Syphilis by Vaccination (Inaug. Diss. von A. Rahmer, Breslau, 1869).

KÖBNER states, as the result of numerous experiments, where inoculation was effected by fluids containing the syphilitic virus in a very diluted state (as, for example, the blood in certain periods of constitutional syphilis), that the *quantity* used is a factor of great importance in the solution of the problem. The attempts at inoculation made by Waller, Pellizari, Thiry, and the anonymous surgeon of the Palatinate, were always negative when the experimenters trusted to small scratches with the lancet, and successful only when a *large* quantity of syphilitic blood was brought in contact with extensive absorbing surfaces, produced by vesication or by cut cups. It is therefore impossible, argues Rahmer, that the minimum amount of blood which may be mixed with the vaccine lymph should be, as Viennois stated in 1860, the only vehicle by means of which syphilis can be communicated by vaccination. Again, the small number of successful inoculations by means of syphilitic blood, as compared with the frequency of the cases when the disease follows vaccination from the arm of a person afflicted with syphilis, is a powerful argument against the theory that the blood is the only carrier of the poison. According to the statistics published by Roberts, based on nineteen inoculations with syphilitic blood, the disease followed vaccination from infants affected with syphilis in 66 per cent., while the inoculations succeeded only in 26 per cent.

According to the experiments of Schreier and others, syphilis cannot be communicated by means of the clear, unmixed vaccine lymph taken from the arm of a child known to have constitutional syphilis; nor is this possible, as Boeck has shown by his inoculations, even of lymph mixed with blood which is taken from the vaccine vesicle of a syphilitic child, unless the blood is present in a larger quantity than is usually the case in vaccination. Hence, according to Köbner, we must seek another vehicle, and this is the secretion of a local syphilitic affection, which has its seat in the basis of the pseudo-vaccine pustule. This may present itself either in the form of an ulceration or commencing induration, dating back only to the time of vaccination, or it may be an infiltration, which is a local manifestation of constitutional syphilis which has already existed some time. For instance, if a child with latent hereditary syphilis, or, it may be, manifest constitutional syphilis, is vaccinated, we find that after a few days a syphilitic infiltration takes place around the vaccine

vesicle, which itself follows a perfectly normal development. If the lymph from this vesicle be used in vaccinating another child, and, through carelessness, the product of the syphilitic infiltration also be conveyed on the point of the lancet, the disease will certainly be communicated to the healthy child, and we will have a specific ulcer developed at the place of inoculation, either at once, or on the eighth or tenth day, or subsequently in the cicatrix itself. As a rule, the vaccine pustule has a normal appearance on the eighth or tenth day after vaccination, and the first symptoms of constitutional syphilis appear from four to eight weeks later. The supposition of so rapid a manifestation of constitutional syphilis after vaccination is at variance with the opinions of former observers, who have described a period of incubation lasting several weeks; it is, however, in strict accordance with the experiments of Köbner and Bidecap, which show that the inoculation of the secretions of the products of secondary syphilis may produce pustules, and subsequently ulcers, in a space of time varying from forty-eight to seventy-two hours. Bohn, from whose review of Rahmer's thesis this abstract is taken, urges the necessity of a stringent adherence to these rules:—1. That the pure, clear lymph should alone be used; 2. That this should be taken from children who are at least from three to six months old, since by this time hereditary syphilis, if present, will certainly have manifested itself.

Cause of the Occurrence of Labor at the Close of the Ninth Month of Utero-gestation.

PROF. ALEX. R. SIMPSON, in his introductory lecture (*Edinburgh Med. Journal*, Dec. 1870), gives the following explanation of this: "Since the true nature of the decidua came to be fairly understood, it was natural to seek in the changes which it undergoes for an explanation of the cause of the occurrence of labor at the close of the ninth month of utero-gestation. The search has not been fruitless. For it has been found that, in the natural course of development, the decidua at this period has undergone a degree of fatty degeneration which has brought it to the last stage of its existence, when it would either require to be melted down and absorbed, or be thrown off as a foreign substance. The same change occurs in it at an earlier date, if through some disease an end be put to the life of the foetus, and in such a case expulsion of the dead child does not take place until the time has been given for the degeneration to occur in the decidua, which leads to its being loosened from the

uterine parietes and reduced to the condition of a foreign body. The observation of this phenomenon has led, by a beautiful induction, to the employment of the simplest, safest, and surest means of bringing on labor, by imitating the process of nature and producing an artificial separation of the membrane from the interior of the uterus in those cases where, to save the life of the child and to lessen the mother's risk, it is found needful to induce the labor prematurely."—*Med. News and Library*.

Tetanus Produced by the Administration of Quinia Hypodermically.

A CASE of this character is reported by E. Paul Sale, M. D., Aberdeen, Miss., in the *New Orleans Journal of Medicine*. The patient, aged nineteen, mother of twins, æt. three months, was suffering from *malarial coma*, the result of a tertian intermittent fever of two months' duration. Desiring to rapidly quininize her, he administered in the arm, by hypodermic injection, quinia, gr. vj., of an ethereal solution.

Four days afterwards the arm was much tumefied, hot, and very painful to the touch, where the syringe was inserted. Twelve days from the injection, Dr. Sale was summoned to the patient's bedside to prescribe for trismus with opisthotonos; but she succumbed, after receiving the best of treatment. The chief point developed by this case is this: It shows the deleterious effects which frequently follow the use of quinine hypodermically. This is the fourth case out of ten in which he has had cause to regret resorting to this method of medication, on account of the violent inflammation which has been the sequence.—*Medical Record*.

Osborn's Neuralgic Pill.

T. C. OSBORN, M. D., Greensboro, Alabama, writes to the editors of the *New Orleans Journal of Medicine* that the subjoined combination is very effectual in cases of neuralgia: R. Zinci cyanuretum, gr. vj.; quiniæ sulphas, gr. ix.; morphiæ sulphas, gr. iss.; ext. belladonnæ, gr. iij. Ft. pilulæ No. vj. S. One pill every six hours, until the pain is relieved.—*Drug Circular and Chemical Gazette*.

Viburnum Prunifolium in Ovarian Dropsy.

FRANKLIN CHAVETT, M. D., of Chicago, having recently treated two cases of ovarian dropsy with *viburnum prunifolium*, says: I would respectfully call the attention of the profession to the success resulting from its use in my hands.

CASE I.—Mrs. M., æt. 35, married over five years, was never pregnant, menses of a menorrhagic type. She often complained of sudden flushes of heat, alternating with chilliness; fullness of the head; frequent throbbing pulse; pains in back and loins. During catamenial period, which sometimes lasted twenty days, her strength would become greatly reduced.

About a year before she came under my treatment she had a great sense of giddiness, with nausea and vomiting; felt an enlargement on right side in region of ovary, and a month later recognized a general abdominal enlargement. In addition to the above symptoms the abdomen continued to enlarge till it reached a size corresponding to that at the full period of utero-gestation. The woman supposed herself pregnant, even though the catamenia appeared every month and always rather profuse. At the end of the eleventh month an alarming hæmorrhage took place, which was speedily followed by pains simulating those of labor.

A physician was called who diagnosed the case as one of *placenta previa*, and remained all night with the hope of delivering the woman. Next day a consultation was called, and case was pronounced one of *abnormal conception*.

At this time (October 1st, 1869) I first saw the case; and upon examination I found the uterus tender, *as* elevated and congested, abdomen yielding to pressure, fluctuation of serum distinctly heard, and enlargement of the right ovary plainly felt by finger in the rectum.

Owing to the painful menstruation, I commenced treatment by administering the tinct. of gossypium, made with spts. nit. dulc. $\text{ʒ} \text{ viij}$ to the O—dose $\text{ʒ} \text{ j}$, four times a day; which had the desired effect of relieving the painful menstruation. I then administered a strong decoction of the bark of the *viburnum prunifolium*, giving $\text{ʒ} \text{ 2}$ four times a day.

At the end of three weeks patient noticed a free discharge of an opaque, grayish colored fluid from the vagina several times a day. Flocculi, occasionally mixed with small shreds, resembling muscular fibres partly decomposed, were often seen floating in the fluid. The viburnum was continued for five weeks longer, and the abdomen was reduced to its natural size. During this treatment the catamenia appeared once in a perfectly natural condition. One month later (January 13th,

1870), another discharge of serum from the vagina brought away a membrane which I considered a portion of a cyst. It measured about four or five inches square when extended, and was about two lines in thickness, and smooth like parchment. Since that time she has enjoyed good health, and is now pregnant.

CASE II.—Mrs. Q., æt. 28, married, never pregnant; about three years ago she experienced a sense of fullness in the cavity of the pelvis; six months later she detected a tumor lying in the left iliac fossa, which six months later escaped into the cavity of the abdomen, remained stationary and would not yield to pressure. Catamenia of the type described in Case I. I told her frankly that it was a case of ovarian tumor; she appeared as if in the seventh month of pregnancy. Did not see her again for eighteen months, when she called upon me for treatment.

On January 16th, 1870, the tumor had assumed the form of dropsy. I at once prescribed the treatment pursued in Case I, and with equally happy results.

Since the middle of April last patient has enjoyed perfect health, without the slightest symptom of returning dropsy.

I report these cases with the hopes that others will give the vibernum a fair trial; for it cannot be denied that its virtues have not been known, or at least much underrated. I do not claim that it will be successful in every case, yet I think that it will be found beneficial in many cases that have been pronounced incurable except by operation.—*Chicago Medical Times.*

Chronic Diarrhœa in Young Children.

DR. EUSTACE SMITH, in a paper upon the Treatment of Chronic Diarrhœa of Young Children, gives the following advice concerning diet, which we consider all important in its management:

In all cases, if the patient be a sucking child, he should be limited strictly to the breast; or if he have been only lately weaned the breast should be returned to. If from any reason a return to the breast is impossible, our great trust should be placed in cow's milk, more or less copiously diluted with lime water. With children under a year old milk is very seldom found to disagree. If the child be no more than six months old, nothing should be allowed but milk, or some preparation of milk, as milk and lime water (equal parts), whey with cream,

or milk and water thickened with isinglass,* or with Liebig's food for infants, in the proportion of one teaspoonful to four ounces of fluid. By using these different preparations, a certain variety can be introduced into the diet, and the meals should be so regulated that the quantity taken on each occasion, and the length of the interval by which the meals are separated, may be properly proportioned to one another and to the state of the patient. The Liebig food should be given not oftener than twice in the day; and if it excite flatulence, or if any sour smell be noticed from the breath or evacuations, the quantity of one tablespoonful should be diminished, or the food should be even discontinued altogether.

Beyond the age of six months a little weak beef or veal tea, or the yolk of one egg, unboiled, may be added to the diet. The egg is best digested when beaten up with a few drops of brandy and a tablespoonful of cinnamon water, as in ordinary egg flip. As with younger infants, the quantity of food to be given at one time must depend upon the strength of the child and the condition of his stools.

If the child be over twelve months old very small quantities of farinacious food may sometimes be ventured upon, and will often agree. The best form in which this can be given is well baked wheaten flour, of which one teaspoonful is all that is allowed at one time, prepared carefully with milk.

So long as milk is well borne, the arrangement of the diet is comparatively an easy task; but in the not uncommon class of cases where milk is difficult of digestion, and can only be taken in very small quantities, a different dietary must be adopted. These cases usually occur in children of eighteen months or two years old. A good scale of diet for a child of a year and a half old, in whom this peculiarity is noticed, is the following, consisting of five small meals in the twenty-four hours:

1st Meal.—One teaspoonful of Liebig's food for infants (Mellin's), dissolved in four ounces of milk and barley water (equal parts).

2d Meal.—Six ounces of beef tea, of the strength of a pound of fillet of beef to the pint.

3d Meal.—Six ounces of fresh whey, containing a tablespoonful of cream.

* Isinglass is useful for its mechanical action in separating the particles of casein so as to prevent the formation in the stomach of a large dense indigestible clot. By this means the casein is finely divided, and its clots resemble more the flocculent coagula of breast milk.

4th Meal.—The unboiled yolk of one egg, plain, or beaten up with a tablespoonful of cinnamon water, a little white sugar, and fifteen drops of brandy.

5th Meal.—Same as the first.—*London Practitioner, Baltimore reprint.—Chicago Med. Times.*

Mercury.

“There is no doubt in my mind that mercury, in all its preparations as a medicine, has almost finished its course, together with all its co-workers, so exclusively wielded against the health and happiness of mankind. A new light has not only sprung up, but is fast approaching its meridian—sending forth its welcome rays; and those who have hitherto sat in darkness are flocking to the standard of truth. Medical science shall be purged from its abominations, and her walls, which have been cracked at the foundation by popular error, and unroofed by learned quackery—shall stand purified and cleansed, prepared to send forth from its exhaustless fountains the unceasing strains of truth and correct principles.

“J. PAXTON, M. D.,
“Greensborough,
“Indiana.”

—*Eclectic Medical Reformer*, edited by T. V. MORROW, 1848.
Has this been verified?—[ED. E. M. REVIEW.

“The spirit of the Eclectic Medical College is that of true philosophy. We seek earnestly to mitigate human sufferings in the mildest, most expeditious and effectual manner. To accomplish this we are willing to learn from any and every source whatever is best calculated to accomplish our purpose. No bigoted prejudice shall ever compel us to confine ourselves to that which comes from certain fashionable and distinguished individuals.

“T. V. MORROW, M. D., in 1847.”

The Annual Report of the Surgeon-General and the Medical and Surgical History of the War.

THE Annual Report of the Surgeon-General for the fiscal year ending June 30, 1870, has been received, and, as usual, is found to contain much interesting information—more briefly stated, perhaps, than would be desirable for the profession at large, but not more so than is probably necessary for its pur-

pose. Brief as it is, we must content ourselves with referring to but a few of the main topics presented in it.

The statistics of sickness and mortality show a gratifying improvement in the health of the army during the year. The following table gives the principal facts :

	Mean Strength.	Taken Sick.—Diseases.	Taken Sick.—Wounds and Injuries.	Average constantly on Sick Report for Disease.	Average constantly on Sick Report for Wounds and Injuries.	Deaths from Disease.	Deaths from Wounds and Injuries.	Discharged on Surgeon's Certificate of Disability.
White Troops, Nos..	29,022	53,836	8,744	1,156	263	249	125	745
White Troops, Ratios per 1000.....		1,855	301	40	9	8	4	26
Colored Troops, Nos..	3,407	5,479	729	146	32	51	15	104
Colored Troops, Ratios per 1000.....		1,603	214	43	9	15	4	31

We are glad to learn that "the printing of the medical volume of the first part of the *Medical and Surgical History of the War*" is near completion.

"This volume embraces the statistical tables representing the sickness, mortality, and discharges from service on surgeon's certificate of disability, of *white and colored troops* during the war, and will be a work of nearly seven hundred and fifty (750) pages, quarto. To secure accuracy, the tables were stereotyped as they were finished, and before finally sending them to press they have been thoroughly revised throughout, and every effort made to attain accuracy. With this volume will be bound the appendix to the first part of the *Medical and Surgical History of the War*, containing the reports of medical directors and other appended documents—about four hundred pages.

"The whole of the manuscript for the surgical volume of the first part of the *Medical and Surgical History of the War*, authorized by the Act of Congress, approved March 3, 1869, is now prepared, and several of the more important subjects that would belong to the second volume, as, for example, the tabular statements, discussions, histories of typical cases (with illustrative woodcuts and lithographs) of twenty-nine thousand five hundred and seventy-two (29,572) cases of amputations, and four thousand seven hundred and seventy-five (4,775) excisions, are nearly perfected. Besides this, the surgical statistics of the army for the five years succeeding the war have just been consolidated and arranged for publication, and much information has been furnished to authenticate just claims of applicants, and to defeat

those that were fraudulent, under the Act of Congress authorizing the issue of artificial limbs, to mutilated soldiers and seamen. The effect of this law, in bringing to Washington a large number of pensioners to present their claims, has permitted the study of the remote effects of injuries and mutilations. The peculiar value which the surgical data of the late war have acquired, in consequence of the measures taken to trace the ulterior results of the more important cases, cannot be overestimated. In the reports of the surgery of European wars, and of campaigns in India, Abyssinia, and elsewhere, the history of cases terminates when the men were invalided or discharged. Although the elaborate reports of the casualties of the French armies in the Crimean and Italian wars were published in 1865 and 1869, after an interval of ten years from the conclusion of hostilities in each case, no information is given subsequent to the date of discharge or pension.

"The abstract of cases in this office are invariably traced to the date of publication."

The continued increase in interest and value of the Army Medical Museum referred to in the report is very satisfactory; and, in view of the fact that to support it and continue its usefulness a small annual appropriation is necessary, it is eminently proper that the attention of Congress should be directly called to the estimation in which it is held by scientific and professional men. The immense amount of material of great interest and value which it contains should be made available, by publication of descriptions and reports with as little delay as is consistent with their proper preparation; and there ought to be no hesitation or delay in granting the authority and means necessary for this purpose.

For example, it is stated in the report that

"The collection now include eight hundred and ninety-seven (897) human crania, and thirty-four (34) skeletons. Elaborate tables have been prepared, exhibiting their measurements. The diameters, facial angle, internal capacity, and position of the *foramen magnum* are indicated for each cranium. It is hoped that the publication of this important contribution to anthropological knowledge will be authorized by Congress. The tables, arranged to correspond with those published in the *Crania Americana* of Samuel George Morton, would worthily supplement that great work. The Museum possesses a larger number of skulls from tumuli, and of crania of North American Indians, than are elsewhere collected; and it would appear due to ethnologists throughout the world that descriptions of the specimens should be published, as was done by the Russian Govern-

ment for the collection of Professor von Baër at St. Petersburg." The publication of the tables and descriptions referred to is very desirable, and the authority requested should be granted at once.

The reports already published, in the form of the well known circulars from the Surgeon-General's office, have been most highly appreciated in all quarters, as appears from a brief memorandum of extracts from letters and reviews relating to them which accompanies the report, having been drawn for the information of Congress, as being the best argument in favor of their continuance. The very great liberality with which these publications have been distributed in this country is no doubt the main reason why they seem to be less appreciated here than in Europe, for the value of a thing in our eyes is often in proportion to the difficulty of obtaining it. Already the experience gained by the medical department in this country has been made available in Europe. We read of hospital steamers and hospital railway cars as being used by the Prussians; the American Pavilion Hospital has received universal commendation, and been generally adopted as a model; and the system of organization of our army medical corps has been followed by more than one nation in the world.

The speedy publication of the data prepared for the *Medical and Surgical History of the War* depends now upon Congress; and we trust it will not adjourn without providing for it. No nation has ever possessed in its archives such abundant material for a complete medical history of a great war as has been accumulated by the indefatigable zeal and admirable system of the army medical corps during our late protracted civil war. We feel, therefore, that it is of the utmost importance that ample appropriations should be made to insure the speedy preparation and publication of this great and truly national work, which will be not only a monument to the genius, skill and energy of American army surgeons, but a collection of facts of incalculable value to the medical profession throughout the world.

We have only space to note one point in the report, but that is an important one.

There are now 48 vacancies in the medical corps, and, as the law stands, these cannot be filled.

On the 30th of June, 1870, there were 147 commissioned medical officers available for duty with troops, four on leave of absence, and four on sick leave. There were 217 military posts, besides numerous detachments, each requiring a medical officer. The deficiency was, of course, supplied by hiring contract surgeons, which is neither economical nor satisfactory.

It certainly cannot be the intention of Congress to cripple and damage the medical corps of the army ; but that must be the result under the present system. We hope that the recommendation of the Surgeon-General and of the Secretary of War in regard to this matter will have the desired effect, and that the law forbidding promotions and appointments in the medical staff will be repealed during the present session.—*Medical Times*, January, 1871.

Hospital Appointments.

WHOSOEVER has had occasion to examine the records of the numerous hospitals and other charitable institutions in this city and its vicinity, must have been struck by the frequent recurrence of the same names upon the various medical and surgical staffs, and may, perhaps, have been led to wonder whether this plurality of appointments arise from the extreme scarcity of competent physicians and surgeons among us, or from a repugnance to hospital service on the part of the profession at large.

In calling attention to a matter involving what is doubtless an unintentional injustice to many, we would not be misunderstood as in the slightest degree depreciating the merits of the gentlemen whose names are thus prominent, or echoing vulgar envy of deserved success. For every separate post of honor held by them we fully recognize their fitness, and regard their selection as a natural tribute to their well earned reputation. But whether it be quite fair to their professional brethren, or even requisite to their own welfare, for them to accept the tendered multiplicity of office is another question.

A hospital appointment is of value to its possessor, not only in affording a wider field of observation and experimentation than is ordinarily yielded by private practice, but in giving (more especially in surgical cases) opportunities nowhere else attainable for the cultivation and display of his professional ability. No matter how great the talent and culture of a surgeon, his attainment to eminence is almost entirely dependent upon hospital practice. From a lower and pecuniary point of view, the honorable publicity attached to such a position serves also as a legitimate advertisement of its incumbent's capability, and tends to compensate his gratuitous services by augmenting his consultation fees. In this light it seems evident that an equal chance should, as far as possible, be given to all whose deserts justify their ambition. Under any circumstances the limited number of hospitals must doom many capable aspirants to

disappointment; all the more reason, therefore, why each of the favored few should decline to hold more than his share of preferment. As it is, we find the same person named as visitor to two, three, sometimes to four different hospitals, and as consultant to as many more. The system to which we thus allude, if not peculiar to New York, is carried to a far greater extent here than anywhere else, and we are confident that it is so only because the attention of those concerned has not hitherto been directed to its manifest injustice.

As regards the sinecure title of consultant, which abroad is usually conferred as a retiring honor upon those who have accomplished terms of active service, little need be said here. If it be regarded merely as a recognition of established fame, involving no call for consultation, we cheerfully admit that in most of the instances within our knowledge it is very appropriately bestowed, though we might ask if there be not more than a half a dozen of our older heads worthy of public honor; but if it were supposed to entail actual advice in obscure or dangerous cases, we should sincerely commiserate its bearers. One eminent gentleman is consulting surgeon to three large hospitals, four dispensaries, and two infirmaries; whilst another is consulting surgeon to no less than twelve medical charities. Of this, however, few would complain; the honor is an empty one at best, conferred on those whose reputation is already established too highly to need further endorsement, and commonly intended to bless them who give it rather than them who receive. But the concentration of active hospital service in the hands of a few (howsoever able those few may be) is a real evil, the redress of which can only be effected by the voluntary action of those who hold plurality of office.—*Medical Gazette*, March 11, 1871.

[If the code of ethics was made to apply equally to all—old and young—in the profession upon the subject, this would certainly come under the head of advertising, which they (such men as are referred to above) pretend to be so very much opposed to.—ED. E. M. R.]

Precautions in Vaccination.

A GRAND nephew of the immortal Jenner has written to the *Daily Telegraph* some of his experiences of the practice of vaccination by its author. He says: "From what I have seen and know of his practice, and of the careless and inattentive manner in which vaccination has been conducted since his time,

I do not wonder at the failures that have occurred. Dr. Jenner was continually renewing his matter from the cow, which he had every opportunity of doing from the farms around the neighborhood, where I went frequently to procure it. A veterinary surgeon, named Tanner, likewise helped him greatly. Dr. Jenner was very particular in regard to the health and constitution of the person he vaccinated, nor would he perform the operation if he saw any spot or eruption on the skin until it had subsided."—*Medical Press and Circular*.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

The American Dispensatory. By JOHN KING, M. D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, etc., etc. Eighth Edition, revised and enlarged. Cincinnati. Wilstach, Baldwin & Co. 1870. 8vo, pp. 1439.

NOTWITHSTANDING that the author's preface to this voluminous work defiantly throws down the gauntlet to us of the "arrogant and intolerant" majority, who obstinately close our eyes against the illumination, not only of the "Eclectics," but of "the followers of Beach, Thomson, Hahnemann, Priessnitz, and other reformatory teachers of medicine," an examination of the book itself forces us to swallow our resentment and to award the writer much praise for the very satisfactory manner in which he has fulfilled an exceedingly laborious task. Our readers are of course aware that the "Eclectics" take their name—*lucus a non lucendo*—because, instead of choosing the good from all sects, they have organized a separate sect of their own, the principal feature of which consists in discarding mineral substances from their *materia medica*, and founding their therapeutic faith chiefly upon the indigenous flora of America. It is but just to say that in this latter field their investigations have been thorough and valuable. The work before us not only incorporates these investigations, but comprehends a still larger sphere, even descending to "the mineral remedies of old school practitioners," which are described in an appendix as "obsolescent."


Howsoever we may dissent from the author's condemnation of Fowler's Solution and much abused mercury, or from his laudation of the cholagogue virtues of leptandra, he deserves full credit for a most valuable addition to medical literature—a work which may be frequently referred to with profit by every practitioner.—*Medical Gazette*, 1871.

REMARKS.—The Eclectic School of Medicine has made other improvements than those mentioned by the Editor. One, which we consider of greater importance than all others, is the complete discarding of one of the oldest doctrines of the Old School, and one which

has been attended with more real injury than any other doctrine of that school, that is, the "Doctrine of Phlogosis," in the sense in which it has been taught and the treatment recommended for its removal. In consequence of the new pathological view entertained and practised by the Eclectic School, the whole class of active antiphlogistic agents or means used by the Old School are rendered unnecessary.

Blood-letting, salivation, blistering, cupping and leeching, &c., are not Eclectic resources, nor are they now used by a very large number of the most successful teachers and practitioners of the Old School. The Eclectics do not discard all the mineral remedies, but have as much confidence in a large number of them as have any other school of practitioners. Only those mentioned in the class of "obsolescent" are laid aside. Our school feel quite proud of its literature, and especially is this the case with its Dispensatory by Prof. John King. The sale of the various editions of this work has been almost unprecedented in medical works, for it is to be found in nearly every drug store and medical library in this country.—ED. ECLEC. MED. REVIEW.

Illustrated Christian Weekly is published by the *American Tract Society* at 150 Nassau street, and at each of its agencies. Terms: Single subscription, one year, two dollars, payable in advance; in clubs of twenty subscribers and over, one dollar and seventy-five cents.

 Orders for the paper and business communications may be addressed to the "*Illustrated Christian Weekly*;" and articles for insertion to Rev. Lyman Abbott, American Tract Society, 150 Nassau street, New York.

Health and Home. A Monthly Magazine, devoted to Health and the Home Circle.

THIS is the first number issued for the month of March, 1871—being a quarto of thirty-two (32) pages, and is filled with interesting matter, and may be read to advantage by both medical and non-medical readers. W. R. De Puy & Brother, publishers, 805 Broadway, New York. Terms, \$1.50 per annum, in advance.

Druggists' Circular and Chemical Gazette. By L. V. Newton, M. D., Editor and Proprietor.

THE March number, like all predecessors, is filled with everything pertaining to the subject of which it is a special organ.

Every physician and druggist should have this in his library. 36 Beekman street, New York. Price \$1.50 per annum, in advance.

The Georgia Medical Companion. A Monthly Adviser, devoted to the science of Medicine and Surgery. Edited by T. J. Powell, M. D., and W. T. Goldsmith, M. D., Atlanta, Georgia. Terms, \$2 per year.

The Indiana Journal of Medicine. Edited by Drs. Stevens, Fletcher and Bell, Volume I, No. 11, March, 1871. Indianapolis, Ind. \$1.50 per year.

The Medical Archives. A Monthly Journal of Medical Science. Vol. VI, No. 5, 1871. J. C. Whitehill, M. D., Editor. St. Louis, Mo. Terms, \$3 per annum.

Trubner's American and Oriental Literary Record. A Monthly Register. Trubner & Co., London.

The Educational Journal of Virginia. Monthly. Vol. II, No. 4, February, 1871. Subscription price, \$1 per annum. Richmond, Virginia.

The Old Dominion Magazine. A Virginia Monthly, Literary, Biographical and Historical. M. W. Hazlewood, Richmond, Va. Subscription, \$1.50 per year.

Southern Planter and Farmer, for 1861. \$2.00 per annum Ferguson & Rady, publishers. Richmond, Va.

A New Medical Journal—The Virginia Clinical Record. A Monthly Journal of Medicine, Surgery and the Collateral Sciences—issued monthly, and edited by a gentleman of talent and reputation. \$1.00 per annum. Address M. W. Hazlewood, Richmond, Virginia.

The American Agriculturist, for March, 1871. Published by Orange Judd & Co., 241 Broadway, New York.

Every agriculturist and farmer should subscribe for this work.

New York State Inebriate Asylum, Binghamton, N. Y.
Annual Report of the Superintendent and Physician for the year
1870.

This is an able and valuable report.

American Journal of Microscopy. Devoted to the general dissemination of the knowledge of Microscopical Science. Published by Geo. Mead & Co., Chicago, Ill. \$1 per year.

We have received the first number of this valuable work, and perused the same with much interest.

American Association for the Cure of Inebriates. Proceedings of the first meeting held in New York, November, 1870.

The Eclectic. J. M. Scudder, Publisher, Cincinnati, O. Terms, \$2 per annum.

This monthly periodical now has a very large circulation, and can not fail to be a welcome visitor to every family.

The Weekly Champion, Atchison, Kansas. Published every Saturday, by Jno. A. Martin, Editor and Proprietor. Terms—Daily, per year, by mail, \$10; weekly, per year, \$2.

EDITORIAL.

THE ECLECTIC MEDICAL COLLEGE OF NEW YORK.

THE regular session of this college will commence on the twelfth day of October, 1871, and it is fully expected that the class will be much larger than at any previous session. We have already received letters from a very large number of students expressing their determination to attend.

We hope the profession will make the necessary effort to accomplish this object.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

WE learn that the above work, making a volume of about 200 pages, on fine paper and bound in cloth, will be ready for delivery in a few

weeks. This work will contain much historic and valuable matter connected with the earlier workings of Eclecticism, as well as the mention of nearly all of the persons connected with any of the organizations or working element, from the first meeting in 1848 until 1867.

HON. WILLIAM M. TWEED.

THE leading man in the Senate, of this State, is a fair representative of one of the self-made men of the day. He has achieved both fame and fortune by his wonderful financial and executive ability. He is now worth his millions; and, out of his great fortune, he is making more liberal and generous donations for the various benevolent and philanthropic causes of this city than any other man in New York.

His benevolent works are every day to be seen and felt by thousands. We have always entertained the opinion that it is really harder for a rich man to do a generous act than one of more moderate circumstances; for the reason that, as a general thing, such become more selfish and grasping, and harder to be moved by any ordinary demand. If this be true, it shows that to be both rich and generous manifests a higher character than is usually found in such men, and clearly indicates that such a man is exceptional and a blessing to his fellow men.

We have other men in this city also worth their millions, who have never been known to give a dollar to any benevolent cause or institution. The members of the various branches of the medical profession actually contribute out of their hard earnings, and labor and time, more money than all other professions or men in this country. The population of the United States is now nearly forty millions, and there are seventy thousand physicians, each of whom contribute on an average, in professional services, annually, five hundred dollars, to those who are unable to pay for such services. This is a very low estimate. A physician cannot lock up his house by day or night as does the merchant, manufacturer, or lawyer, and say to the sick and needy, "Call at business hours." They have to go at all times, night or day, regardless of their own comfort or convenience, and such as he has must he bestow.

A sick and dying man sends to the merchant for means to sustain his family until some arrangements are made for their necessity; or, the old and infirm steps into the store of the merchant prince and informs him that he wants a few goods in his line; at once, the everlasting inquiry meets his auditory nerves, "Have you any money?"

The poor man replies, "Sickness and cares have taken my fortune; I am now penniless; will you not supply my small wants?" He is again greeted with, "Get out of my store; this is no place for beggars!"

This poor man calls at the residence of a medical man; he is in great suffering; wants relief. Now, let the physician say to that poor man, "Get out of my house; this is no place for beggars!" Who would be the first man to cry out against the hard-hearted physician for refusing to administer to the sufferings of a poor fellow creature? The merchant prince—perhaps he thinks that a physician obtains his education without money, time or labor, and, that being the case, he can continue to live without money or any of the comforts of life. This is all well for him to say; but there is really no more reason why a medical man should devote his time and ability than the merchant his goods. Nevertheless, while this is the case, it will never be charged upon the medical profession that it has ever neglected the poor or suffering. They universally respond to *every* call, or make such provisions that the poor are always cared for professionally. At any ordinary price for the labor of the physician, the amount of five hundred dollars each, referred to above, is a very low estimate; yet it amounts to thirty-five millions of dollars. Who but the medical profession do as much?

If all the wealthy men of New York would do as much as Mr. Tweed, proportionally, there would no longer be found in this city an amount of actual suffering not equalled in any other city on the Continent.

The medical men who have charge of the various dispensaries of this city and Brooklyn prescribe annually for over two hundred thousand persons gratuitously, to say nothing about what each does daily in their individual capacity.

Now we would ask our Legislators if the charitable institutions of the cities of New York and Brooklyn should not receive special appropriations sufficient to carry out this grand philanthropic work. By coöperating in this way with the medical profession an amount of good beyond all calculation can be accomplished.

It is a well known fact that the various charitable and philanthropic institutions of this city have ever found strong friends and influences in both branches of the General Assembly of this State; notwithstanding, however, there are many necessities yet unprovided for.

MEDICAL ECLECTICISM ABROAD.

"Journal of British Medical Reform Association," edited and published by Dr. Turnbull, Leeds, England.

This is one of the most radical Eclectic medical journals published at the present time. It is pure, unadulterated Eclecticism upon the plan adopted by Prof. T. V. Morrow and his compeers, when they founded the school in the West, but which has lost many points of interest and zeal. The American Eclectic would be pleased by its perusal, and would do well to subscribe for the same.

D. YINGLING, M. D., of Huntington, Ind., has been attending medical lectures in this city during the past winter. While here, he devoted special attention to surgery, and, too, with a success which will warrant the public in giving him their entire confidence.

DONATIONS TO THE ECLECTIC MEDICAL COLLEGE OF NEW YORK.

THE manufacturing house of Tilden & Co., New Lebanon, N. Y., has donated to this college one pound each of their complete supply of fluid extracts. They are in ground stoppered bottles, of the finest quality, and elegantly labelled. This is one of the most valuable donations the college has received. The Professor of *Materia Medica* was enabled to present them before the class as he lectured upon each article. While it assisted him very much with his subject, it enabled the students at the same time to become familiar with the appearance and taste of the agents. Tilden & Co. have one of the largest manufacturing of fluid extracts in this country.

JOHN WYETH & BROTHER, of Philadelphia, have also donated quite a list of their pharmaceutical preparations. They are of the finest quality, and are quite an accession to our college. We hope to receive their full list.

J. S. VANDEWATER, M. D., of Lafayette, has sent us several specimens of concentrated tinctures of the native plants of Ind. We have used some of them and are well pleased with their action. The doctor can do much good if he will continue his investigations and communicate the results to the profession.

LEWIS A. SAYRE, M. D.

THIS gentleman was permitted by his fellow trustees of the Dispensary for the Treatment of the Diseases of the Throat and Lungs, of this city, to resign his connection with the same. Dr. Rüppaner was unanimously reelected as physician for the ensuing year.

We learn that Dr. Sayre is laboring under great mental depression, in consequence of having held a professional consultation with two of the professors in the Eclectic Medical College of this city. We hope Dr. Sayre did not become so demoralized by this act as to compel his friends of the Code to re-construct him. We understand that while some of his medical brethren think he has violated the Code of Ethics of the Old School, the Eclectic physicians who were in consultation with Dr. Sayre have been severely censured by some of their profession for consulting with such an "Irregular" "Regular."

STATE ECLECTIC MEDICAL SOCIETIES.—TIME AND PLACE FOR HOLDING THE ANNUAL MEETINGS OF 1871.

Maine—At Waterville, June 28th, 1871.

New Hampshire—At Concord, third Wednesday in January, 1871.

Vermont—At Montpelier, June 7th, 1871.

Massachusetts—At Boston, June 1st and 2d, 1871.

Connecticut—At Hartford, May 9th, 1871.

New York—At Albany, January, 1871.

Ohio—At Columbus, May, 1871.

Indiana—At Indianapolis, June 5th, 1871.

Illinois—At Springfield, June 7th, 1871.

Iowa—At Ottumwa, May 31st, 1871.

Missouri—Macon City, June 7th, 1871.

Not having the time of meeting of other State Societies, we are unable to make the announcement.

TRANSACTIONS OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

At the annual meeting of this Society, held in January, 1871, it was resolved to donate to the officers of the several State Eclectic Medical Societies one copy each of the above *Transactions*—being a volume of 864 pages. According to this resolution copies have been sent as follows:

Eight copies to A. J. Flagg, M. D., President of the Eclectic Medical Society of New Hampshire. Eight copies to James E. Calloway,

M. D., President of the Eclectic Medical Society of Missouri. Nine copies to Samuel York, M. D.; Vice-President of the Eclectic Medical Society of Maine. Six copies to D. H. Morgan, M. D., President of the Eclectic Medical Society of Illinois. Six copies to A. Potter, M. D., President of the Eclectic Medical Society of Ohio. Eleven copies to L. Abbott, M. D., President of the Eclectic Medical Society of Indiana. Eleven copies to W. S. Johnson, M. D., President of the Eclectic Medical Society of Vermont. Eleven copies to C. E. Miles, M. D., President of the Eclectic Medical Society of Massachusetts. Seven copies to C. C. Clark, M. D., President of the Eclectic Medical Society of Connecticut. Four copies to J. R. Duncan, M. D., President of the Eclectic Medical Society of Iowa. Five copies to G. A. Field, M. D., President of the Eclectic Medical Society of Kansas. Five copies to Sanford Bell, M. D., of Memphis, Tennessee, for the officers of that State Eclectic Medical Society.

We hope that the gentlemen receiving these volumes will have them distributed.

GERMANS IN AMERICA.

THE growth of the new German city on Long Island, called Breslau, astonishes almost everybody. It was incorporated eighteen months ago, and covers 3,000 acres of land. It is now quite as large, and its buildings quite as handsome as any of the antiquated villages on the island. It has churches, hotels, stores, manufactories, and all that goes to constitute a country village. On Easter Monday three thousand Germans will hold a peace jubilee, the new Catholic church will be dedicated, an oration will be delivered in the afternoon and a ball given in the evening.—*New York Herald*, March 19, 1871.

It will be remembered by the readers of the REVIEW that, some time since, we noticed the fact that H. Boskowitz, M. D., donated to the Eclectic Medical College of New York twenty of the most beautiful and valuable building lots in Breslau, requesting that a building suitable for a residence, drug store and dispensary—to be under the immediate control and influence of the Eclectic practice—also, that a botanical garden be established as soon as possible.

In order to carry out this cherished object of the donor, the Eclectic medical profession of this State will have the opportunity of making such donations for the above purpose as they are willing to contribute, as a circular letter upon that subject will be addressed to each in a few days.

It is desirable that good and well educated Eclectic physicians should be located there as soon as necessary arrangements can be made, in order that they may grow up with this wonderful city.

Preparations are being made to erect several buildings upon these lots. As it will be one of the most beautiful locations for a summer residence, one or two of our Faculty and Trustees are expecting to make this their permanent home.

NEWS AND MISCELLANY.

THE MAINE ECLECTIC MEDICAL SOCIETY held its semi-annual meeting at the DeWitt House, Lewiston, on Wednesday, January 11th, 1871.

Meeting called to order by the Vice-President, Dr. Samuel York, of Lewiston. The minutes of the last meeting were called for, which were read and approved.

The report of the Treasurer, Dr. N. R. Martin, of Saccarappa, showed the society to be in a very satisfactory condition.

The following gentlemen were duly examined and unanimously elected members of the society: A. Reynolds, M. D., of Farmington; A. J. Ayer, M. D., Mechanic Falls; H. E. Mace, M. D., Cape Elizabeth.

The society then repaired to the dining hall of the DeWitt House, where a sumptuous repast was prepared in a very satisfactory manner.

At two o'clock, the society again, with invited guests, assembled, and for an hour or more listened with interest to an address from the Rev. Dr. H. B. Abbott, of the Methodist Church, Lewiston; also, to remarks from Drs. York and Marble. A vote of thanks was tendered Dr. Abbott for his able address, also to Messrs. Waterhouse and Mellen, of the DeWitt House, for their prompt attention to the wants of the society.

After an animated discussion upon various subjects of interest to the society it adjourned, to meet again at Waterville, on the fourth Wednesday of June 1871.

The society was well attended, and a lively interest manifested.

TREATMENT OF GUNSHOT WOUNDS OF THE LUNG.—“In the treatment of gunshot wounds of the lung,” says Inspector-General Mouat (Surgical History of the New Zealand Campaign), “bleeding has been very generally, if not altogether discarded. The inevitable result of a wound of the lung is pleurisy, and the effusion into the thoracic cavity is often so great as to destroy life by suffocation at an early period. In one of the cases the effusion found its way through the opening of exit made by the bullet. This did not save the patient, but it gave him great relief, and enabled him to prolong the struggle till the eighty-seventh day.”

It would seem to be a judicious proceeding to open the pleural cavity in order to afford exit to effused fluids as early as this can be detected. With this assistance, a very vigorous constitution may battle through the illness, which to a weaker man is almost certainly fatal. It is a matter of the first importance to fix the injured side of the chest. This is best and most easily effected by inclosing that side of the chest with broad strips of adhesive plaster, so as to prevent all motion of the ribs, leaving an opening opposite the wound or wounds.

The beneficial results of this practice were shown in two very serious cases of this nature, in the campaign of 1860-1.

JOHN HORTON, M. D.,
Brooklyn, N. Y.

"It shall be our pride, while we are assiduously practicing that which we know to be good, to be equally assiduous in seeking that which may be better; and while we have been among the foremost in abandoning old errors we hope we shall always be among the last to condemn new truths."

(In 1848.) T. V. MORROW, M. D.

THE BROOKLYN ACADEMY OF ECLECTIC MEDICINE held their Annual Meeting on Wednesday evening, March 1st, 1871, and elected the following officers for the ensuing year.

H. S. FIRTH, M. D.,	<i>President.</i>
B. A. CHAPMAN, M. D.,	<i>Vice-President.</i>
H. E. FIRTH, M. D.,	<i>Secretary.</i>
H. S. JAMES, M. D.,	} <i>Censors.</i>
D. WILLCOCKS, M. D.,	
M. HERMAN, M. D.,	
J. WILTSE, M. D.,	} <i>Delegates to the</i>
T. VAN SKELLYNE, M. D.,	
H. A. GOODSPEED, M. D.,	
J. E. DONELSON, M. D.,	} <i>States Society.</i>

After the transaction of the usual business, Dr. B. A. Chapman, essayist, read a very interesting and instructive paper upon the subject of lupus.

The doctor described the nature and pathological character of lupus, claiming that the disease is not a specie of cancer—lupus generally appearing upon the nose and face, whereas cancer may occur in various part of the body. Lupus has been considered a very troublesome disease.

The essayist recommended the pure chrystals of carbolic acid, dissolved in their weight of olive oil, to be frequently applied with a pencil brush to the ulcers.

Dr. H. S. Firth referred to the tendency of lupus to take on an erysipelatous inflammation. The tinct. chloride of iron is probably the best internal medicine for erysipelas, whether in its idopathic form or occurring as a complication in other diseases.

Prof. Freeman, of New York, remarked that he had frequently changed the character of the ulcers occurring in lupus by applying to them the chloride of zinc paste. He regards the disease as of a tubercular character, and would recommend those remedies that would improve the nutrition of the blood.

Mr. F. A. Stonman presented for the inspection of the society a number of new and lately improved uterine and obstetrical instruments.

Dr. W. Molesworth also presented a new instrument, the merits of which he explained.

There were a number of cases in practice reported.

A committee of arrangements were appointed for the annual address and supper, to take place in May, 1871.

ANALYSIS OF THE WATER OF HOT SPRINGS, ARKANSAS (by Prof. Owens, State Geologist), is as follows:

One and one-half ($1\frac{1}{2}$) gallons of water contains:

	GRAINS.
Silica, with Sulphate of Lime.....	1.04
Carb. of Lime, 1.68; and with Bi-Carb. of Lime.....	2.04
Carbonate of Magnesia.....	.326
Bi-Carbonate of Magnesia.....	.05
Sulphate of Lime, dissolved in water.....	.35
Chloride of Potash.....	.05
Chloride of Sodium.....	2.18
Oxide of Iron, with a little Alumina.....	.133
Dry Powder (insonl.).....	1.16

JURISPRUDENCE OF INSANITY. — The following resolutions of the Eclectic Medical Society of the State of New York were read in both Houses:

WHEREAS, The belief prevails throughout the community, and also among the members of the medical profession of this State, that persons are incarcerated in asylums for the insane without sufficient cause, or a proper investigation to ascertain whether such persons ought to be deprived of their liberty, which would be, if true, an atrocious outrage upon personal rights, without justification, and unworthy of the present age of civilization; therefore,

Resolved, That the incarcerations of persons as lunatics in asylums for the insane, without proper and sufficient inquiry into the facts, and a trial by jury, is a departure from the principles of our Government, tarnishing our jurisprudence, and imperiling the freedom of every individual, which ought no longer to be permitted by our Legislature.

Resolved, That this Society takes this opportunity to memorialize respectfully the Legislature, at its present session, to enact the bill presented in the Assembly by the Hon. Mr. Husted, of Westchester, and such other measures of like purpose and character, with such stringent provisions as may be necessary to secure its efficiency for the protection of the freedom of individuals, in order that, in future, the people of this State may be assured in this matter that they will not be deprived of liberty or property without due process of law.

Resolved, That the Secretary of this Society be instructed to communicate copies, duly authenticated, of this preamble and accompanying resolutions to the presiding officers of the Senate and Assembly, now in session, with the respectful request that the same shall be laid before their bodies.

SAMUEL TUTHILL, M. D., *President*.

J. EDWIN DONELSON, M. D., *Cor. Secretary*.

January, 1871.

ST. PAUL ACADEMY OF NATURAL SCIENCES.—This Society was organized in 1870 by the election of Dr. R. O. Sweeny as President, and Dr. Charles E. Smith as Secretary. The Academy was instituted by gentlemen interested in the study of natural history, for the purpose of forming a cabinet and museum which should illustrate the geology, zoölogy, botany, meteorology, etc., of the State of Minnesota. They have already secured eight thousand specimens, by gift, purchase and exchange, and solicit from other institutions of a similar character an exchange of specimens.—*Medical Times, Phila.*

DOCTOR'S TITLE.—The title of Doctor was invented in the twelfth century. Irnerius, a learned Professor of Law at the University of Bologna, induced the Emperor Lothaire II, whose chancellor he was, to create the title, and he himself was the first recipient of it; he was made Doctor of Laws by that University. Subsequently the title was borrowed by the faculty of theology, and first conferred by the University of Paris on Peter Lombard. William Gordenio was the first person upon whom the title of Doctor of Medicine was bestowed; he received it from the College of Asti, in 1329.

THE officers of the various auxiliary medical societies of this State are requested to send immediately to Dr. Wilder, 222 West Thirty-fourth street, New York, all those matters to be inserted in the Annual Transactions of the State Society.

AN ACT TO INCORPORATE THE NATIONAL ECLECTIC MEDICAL ASSOCIATION. Passed March 27, 1871. *The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

"SEC. 1. John Wesley Johnson, Stephen H. Potter, J. S. Cowdrey, William Molesworth, R. A. Gunn, J. E. Hurlburt, James M. Comins, Benjamin J. Stow, Robert S. Newton, William Jones, Henry D. Garrison, J. M. Harding, S. B. Munn, Dennis E. Smith, Horatio E. Firth, and those associated with them, are hereby constituted a corporation under the name of "The National Eclectic Medical Association," with the full rights and powers, for the purposes of this act, of natural persons.

SEC. 2. The object of this corporation shall be to maintain organized coöperation between physicians, for the purpose of promoting the art and science of medicine and surgery, and the dissemination of beneficial knowledge and an improved practice of medicine.

SEC. 3. The business of said corporation shall be managed by its executive committee, consisting of its president, secretary, treasurer, and such other officers as the association shall designate; and elections

shall be held annually, as provided by the constitution, all persons so elected to hold office for the term of one year, and till their successors are chosen. The persons elected in September last as officers of said corporation, shall hold office till such election of successors. At all meetings of said association fifteen members shall constitute a quorum for the transaction of business.

SEC. 4. The said corporation shall be subject to the provisions of title third, chapter eighteen of the first part of the Revised Statutes, and to the general laws for the government of scientific and benevolent associations, so far as the same shall be applicable, and not inconsistent with the provisions of this act.

NEW YORK CITY ECLECTIC MEDICAL SOCIETY.—The meeting for March was held on the 15th ult., at the College Building, 223 East Twenty-sixth street, Prof. Newton, the President, in the chair.

The following physicians were elected members of the society :

S. G. Ginner, M. D.,	Mrs. M. A. Miller, M. D.,
Gabriel J. Wolff, M. D.,	Miss Mary B. Dewey, M. D.,
John M. Rockwell, M. D.	

Prof. Allen remarked on the return of burial certificates, and criticised as most unjust the action of the Board of Health with reference to this matter, and this subject was further discussed by Dr. E. Whitney, Dr. A. B. Whitney and Prof. Newton.

Dr. Whitney and Prof. Newton spoke on the regulations of the Board of Health with reference to vaccination.

Dr. Stow, of Brooklyn, presented a new apparatus for the treatment of fracture of the inferior maxillary. Profs. Daniels, Newton and Allen spoke of its adaptability, and accorded to Dr. Stow, of Lawrence, Mass., great credit for the invention of so perfect an instrument—a desideratum heretofore acknowledged by all surgical writers.

Dr. R. E. Kunze read a learned and practical essay on the poisoning from *Rhus Toxicodendron* and from *Rhus Venenata*, and their treatment.

Drs. A. B. Whitney, O. L. Dusseldorff and J. H. Johnston were appointed essayists for the April meeting.

The readers of the REVIEW are reminded that the meetings of this Society are held on the evening of the third Wednesday of every month, at 223 East Twenty-sixth street, and physicians visiting the city will be cordially received, and we doubt not interested and profited.

PAUL W. ALLEN, *Secretary, pro tem.*

A WORD TO THE WISE.—A valued correspondent asks us to publish the following extract from "*THOMAS on the Diseases of Women*," p. 321-2, "for the benefit of whom it may concern:"

"A little reflection will explain how the management of parturient women—by British and American practitioners, at least—favors the occurrence of this accident (retroversion). In the first place, it must be remembered that pregnancy combines in itself two of the influences which are productive of this condition: increased weight and relaxed

support. It is no exaggeration to assert that the usual plan of management after parturition supplies one of the others which are mentioned above. The woman lying almost constantly upon her back, the heavy fundus naturally tends to fall backward into the hollow of the sacrum. Many nurses insist upon this position, and often for days refuse the patient the privilege of lying upon the side. But this is not all; many nurses' reputation among ladies rests upon their capacity for 'preserving the figure' by tight bandaging. A powerful woman will often expend her whole force in making the bandage as tight as possible to accomplish this purpose. No one who has watched the process can doubt its influence in displacing the uterus by direct pressure. There is no practice connected with the lying-in room to which so much of almost superstition attaches as to the use of the obstetric bandage for preservation of the figure and the prevention of hemorrhage."

TO A YOUNG PHYSICIAN.

BY JOHN G. WHITTIER.

THE paths of pain are thine. Go forth
 With healing and with hope;
 The suffering of a sin-sick earth
 Shall give thee ample scope.

Smite down the dragons, fell and strong,
 Whose breath is fever fire;
 No knight of fable or of song
 Encountered foes more dire.

The holiest task by Heaven decreed,
 An errand all divine;
 The burden of our mortal need
 To render less, is thine.

No crusade thine for cross or grave,
 But for the living man;
 Go forth to succor and to save
 All that thy skilled hands can.

Before the unveiled mysteries
 Of life and death, go stand
 With guarded lips and reverent eyes,
 And pure of heart and hand.

So shalt thou be with power endowed
 From Him who went about
 The Syrian hill paths doing good,
 And casting devils out.

That holy helper liveth yet,
 Thy friend and guide to be,
 The healer by Genesaret

Shall walk the rounds with thee !— *Golden Age.*

AMERICAN
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. VI.

MAY, 1871.

No. 11.

ORIGINAL COMMUNICATIONS.

RHUS RADICANS, OR TOXICODENDRON, AND RHUS
VENENATA, OR VERNIX;

*Chemically, Physiologically and Therapeutically considered, with
the best method of treating their Toxicological effects.*

BY R. E. KUNZE, M. D.

THESE shrubs belong to the natural order of anacardiaceæ, which is composed of trees and shrubs having a resinous, gummy and milky caustic juice.

Description.—The rhus toxicodendron is known by the name of poison oak, poison vine, poison ivy, poison creeper, and sometimes as poison mercury—which latter name strictly applies to mercurialis annua and mercurialis perennis, of Europe—both being poisonous shrubs or plants. The rhus venénata is known by the different names of poison sumach, poison elder, poison ash, poison wood, poison tree, swamp sumach, white sumach and varnish tree.

History of Rhus Toxicodendron.—It was early noticed, and first described in 1635 by Cornutus, in his work on the plants of Canada, and by him described as a species of ivy. The Indians were well aware of it as a poison and as a medicine, and the effects of emanations from it were mentioned by Kalm

and other travellers in North America; but it seems to have been first introduced as a medicine by Dr. Du Fresnoy, a French physician, in the year 1788, who had tried it successfully in some obstinate herpetic affections and a few cases of palsy. Still later, in 1798, it was mentioned by Dr. Horsefield, and many other physicians have experimented with it since that time. The leaves are the parts generally employed as a medicine, though the whole plant is very active.

Chemical Analysis of Poison Rhus reveals the fact that it contains gum, resin, gallic acid, tannic acid and an acro narcotic principle, which is very volatile, and upon which its chief effects principally depend. On account of its tannin poison rhus produces a yellow dye, with aluminous and tin mordants. With sulphate of iron it produces a deep black—is, however, not used excepting as an indelible and marking ink, for which purpose the juice is made use of.

Physiological Effects of Poison Rhus.—They seem to act especially upon the nervous and muscular system—next, perhaps, upon the cutaneous and excretory systems, and, upon the whole, are to be considered as unreliable and dangerous remedies. At times they act similar to nux vomica, and again will produce effects resembling the character of rheumatic pains. In other cases they will produce constitutional effects of their toxicological properties to an alarming extent. In particular cases their action seems to be directed especially upon the skin and kidneys. Its *toxic* effects upon the system are both locally and constitutionally, according to the idiosyncrasy of a person—acting in some only locally, and in others both ways, and in others still acting only physiologically, without exhibiting any of its toxic properties. The leaves of all plants are furnished with pores or *stomas* for exhaling or inhaling gases, which are of great importance, by imbibing suitable nourishment as well as in throwing off worn out material in the form of such gases, which would be useless or injurious to plant life. A volatile principle is constantly disengaging from the plant itself, being identical with the toxic property of rhus tox. This principle is capable of poisoning at long distances, either by spontaneous disengagement or by being volatilized by the aid of heat. It may not be amiss to

mention here that several cases of poisoning, from eating honey from a particular source, are recorded in the *New Jersey Medical Reporter* for Nov., 1852, p. 46, and that, in my opinion, it may be due to the fact of the honey having been collected by the bees from the fragrant flowers of *rhus venénata*, to which latter the bees resort in such vast numbers during its flowering season. I hope that some one else will take up and still further investigate this subject, in order to prove or reject this allegation. The toxical effects of these shrubs and vines are produced in various ways and degrees of severity on certain constitutions susceptible to it, and often at long distances, without even being aware of it at such times.

Being worthless plants, and of such little value, excepting medicinally speaking, and as such, perhaps, very much overrated, they ought to be extirpated by every intelligent husbandman and thrifty farmer, and a neglect to do so would only reveal a reprehensive carelessness, which no agriculturist should be guilty of at this epoch.

Poisoning by either of these species may be produced by direct contact with the leaves, stems and branches ; by the emanations from the plant itself, which, going on constantly, is capable of producing it at greater or lesser distances ; by inoculation with the fresh juice of the plant ; by contact with the wood at any season of the year ; by contact with the dried leaves or wood ; by the application of a tincture made from the leaves ; by exposure to the smoke from the burning wood, and finally, by inhaling or otherwise coming in contact with the steam arising from preparing a decoction or distilling the same.

Some constitutions are more susceptible to it under certain conditions of animal and atmospheric temperature, and its direct effect upon the skin is by inflammation and vesication. 1. On some subjects a variation is quite noticeable, being either in a warm or cold climate. 2. Some few are only affected by it on very hot days, whereas with others the season of the year has very little if any influence upon it. 3. Children are much more liable to be poisoned by it than adults. 4. In a moist state of the skin the poison is more readily absorbed, and, therefore, much more severe at such a state of the body, which is still more

noticed during a highly perspiring condition, coupled with much fatigue of the body. This was remarked very early by Prof. Kalm and others. 5. Females are said to be more easily affected by it than males. Dr. Barton, long ago, substantiated this also. That moisture does not destroy or prevent their poisonous properties is shown by "Fontana on Poisons," Vol. II. Fontana, in order to examine the emanations of the leaves of rhus tox, as he knew he was easily poisoned, observes: "I caused them to be got ready by another person, but I touched a few of the leaves when *under water*. In four days my face and hands swelled, etc." Instances are even related in which a periodical return of the symptoms of such poisoning recurred for a number of years thereafter. Dr. Barton was poisoned in the year 1785, near the Ohio; a year after this he went to Europe. In 1786, nearly at the same time of the year when he was first poisoned, most of the symptoms of the eruption returned. The eruption returned annually till the year 1790; at every successive attack it was less violent in degree. Mr. Josiah Coates, of Philadelphia, and a Dr. Physick have mentioned similar periodical recurrences of the same.*

In its *therapeutic* action it is tetanic, stimulant, narcotic, diaphoretic, diuretic and laxative. In large doses produces vomiting, vertigo and stupor, with increased diaphoresis and diuresis. It is recommended in very many affections, and in a recent work on new remedies I have seen it exalted in no less than 75 different diseases! This is certainly an inexhaustible field for further investigation; but it should be employed with much caution, as it is an uncertain remedy in constitutions of a peculiar idiosyncrasy.

The antidotes recommended for the constitutional effects of poisoning with rhus toxicodendron are strong coffee, bryonia, sulphur, pulsatilla, camphor, tinc. guaiacum and buttermilk, internally.

* Dr. Barton mentions, furthermore, that he had in several instances, and in habits which were very susceptible of the poison, attempted to propagate it by inoculation with the serous fluid contained in the vesicles, but in no instance was he able to excite the infection. Bancroft, in his "History of Guiana," states that the toxic effects of mancinella are easily overcome by copiously drinking and bathing of seawater and the juice of limes. Dr. S. Cooper derived most benefit, in cases of poisoning of this kind, from the application of ice to the affected parts. Kalm, likewise, had used this remedy with advantage, and others have spoken of it in praiseworthy terms.

For external application in poisoning with rhus they recommend caustic ammonia, sulphate of iron, acetate of lead, permanganate of potash, salt water, ice, salt and vinegar, buttermilk, borax, tinct. veratrum, cantharides, decoctions of convallaria, verbena urticifolia, chelidonium majus, quercus, sambucus, lobelia, diervilla canadensis and sempervivum tectorum. Some of these are to be boiled in milk and constantly applied to the parts.

The poisonous exhalations of rhus, and some similar tribe of poisonous shrubs and trees found in various parts of the globe, are due, it is claimed, to the disengagement of carbonated hydrogen gas. This is supposed to give rise to the poisoning at great distances from such plants, which, we are told, is the case in some instances. The juices of most of these plants are indelible if applied to linen, and some are manufactured into indelible and marking ink. It will also destroy warts and corns if applied thereto.

I will now cite some of the cases which have come under my observation regarding the toxicological effects of poison rhus and its treatment:

Peter B—, age 21 years, of a bilious lymphatic temperament, exposed himself in some way or another to the poisonous effects of some species of rhus, in the month of July, 1854, while on an excursion in the vicinity of this city, and in consequence of which had to suffer the most excruciating agony as long as the effects lasted. He was peculiarly susceptible to the poisonous effects of rhus, as will be shown hereafter. On the day after exposure his face and hands commenced to swell, and some feverish action accompanied it. The next day the swelling had assumed a bloated appearance, and involved the whole body and extremities. The parts first involved now commenced itching indescribably, and very large blebs, or blisters as large as small marbles, appeared on these same parts, which condition very soon extended over all the body. The itching and agony were so severe now that his hands had to be tied in order to prevent him from tearing the skin with his finger nails. The skin between the blisters had assumed an erysipelatous character—tense, shining, and of a deep red color. A very high fever

supervened at this time, and he had to be watched constantly both by day and night. At this stage his features were so obliterated by the swelling that he was scarcely recognizable. However, under timely treatment with active diaphoretics, the fever was subdued, the swelling reduced, and the itching allayed by the constant application of buttermilk and salt and a cooling regimen in general. Desquamation of the cuticle soon closed the convalescent period, and the patient was discharged cured within a week from the time of the attack.

The next case was that of Wm. R. S——, age 18, of a sanguine lymphatic temperament, which occurred in June, 1861. He had come in contact repeatedly with some of the poison rhus during a ramble in the country, and the usual effects of poisoning manifested themselves on the 2d and 3d day after the exposure. A swelling of the head, face and hands, with some itching, were the first symptoms noticeable. The skin did not assume that deep red, shining appearance, as seen in some cases of erysipelas, but was covered on the 3d day with patches of small whitish vesicles, crowded together and producing the most intense itching. The vesicles assumed a more yellowish color when fully developed. During the height of the attack his head was of an enormous size, the eyes completely closed up, but there was not so much symptomatic fever accompanying it. In from five to six days the eruption declined, the cuticle peeled off and left the affected parts somewhat irritated for a short while thereafter. The treatment in this case consisted of an application of buttermilk and salt externally, alternated with fomentations of lobelia and raspberry leaves, and when the itching was too severe we would apply the comp. tinct. of lobelia and capsicum; mild cathartics and a cooling regimen concluded the treatment.

I will relate my own case of poisoning with rhus toxicodendron, which happened some 17 years ago, while in the country with my preceptor, whom I assisted in straightening some fence posts during the early part of April. The posts were entwined with poison rhus, and we had to detach the winding stems to accomplish our object. The plant, which was not yet in foliage at that time, caused my preceptor, who, by the way, was poison

proof to the effects of poison rhus at any time, not to caution me against handling the stems, thinking possibly that at that particular season they were innocuous. But I found out to the contrary, for in less than two days some parts of my face and hands, and especially on the dorsal surface and between the fingers, itched considerably, and minute vesicles on an inflamed base made their appearance in irregular patches here and there. By means of my hands the poison was communicated to other parts of the body and partook of the same development. Some of the vesicles were confluent, and after changing to a yellowish tint, dried up, and desquamation ensued. There was neither any swelling nor symptomatic fever present, and there has never been at any subsequent poisoning with rhus toxicodendron on myself. My treatment at that time consisted in applying tinct. lobelia, which did not relieve much of the itching, however. Scratching the affected parts was almost a luxury to me, and gave me the most decided relief. Some eight years since, I made my first acquaintance with rhus venénata, toxicologically speaking, while I was collecting some elder berries in its immediate vicinity, and, not knowing the shrub, took no notice of it. Its effects on me were identical with those produced by rhus toxicod. Since that time I have been poisoned repeatedly by it while engaged in collecting supplies for my preparations, and for a period of three years I have used one single remedy in counteracting the effects of poison rhus—and that most effectually, too—with carbolic acid of variable strength. I believe that here the axiom of Allopathy "*contraria, contrariis, curantur*" is befittingly applied, and that for itching counter irritation is *the* remedy.

So far I have not failed in a single instance in checking the progress of poisoning with rhus on myself, as well as others I have had under my treatment, when carbolic acid was timely applied. I use generally the crystals, diluted with from $\frac{1}{2}$ to 4 or 6 parts of glycerine, and paint the parts two or three times a day. This allays all itching. When there is much of an erysipelatous inflammation I add some strong tinct. veratrum vir. in place of some of the glycerine. If need be I would use carbolic acid in full strength, and treat it thereafter as a common burn, either

with olive oil and lime water or mild zinc ointment; but I do not advise using it quite so strong—it is seldom necessary. In cases where blisters have appeared, and the cuticle is much denuded from scratching, I would not recommend the use of carbolic acid unless it be highly diluted, as it would only add more fuel to the fire; then I would recommend cooling lotions and soothing cataplasms of *ulmus fulva* and *lobelia inflata*.

Another case, which I treated three years ago next July, was that of a farm laborer, 35 years old, of a bilious temperament, who had been poisoned on his right hand and arm while mowing weeds. The arm was much inflamed as high up as the elbow, and presented a full crop of shining vesicles. The itching was so considerable that he could not sleep at night. I gave him carbolic acid, \mathfrak{z} i; tinct. veratrum (sat.), \mathfrak{z} i; glycerine, \mathfrak{z} iv, mixed and applied three or four times a day, or until the itching was overcome. In a week my patient was discharged cured. During last summer I have treated two more cases, which in every respect resembled the cases already spoken of, and yielded to the same remedies in a reasonable space of time. (See Appendix.)

This leads me to think that in carbolic acid we have found at least the proper antidote to the aggravated itching produced by the effects of the poison *rh*us, and when once that is overcome there is no further difficulty in curing your patient.

I will here relate another case of poisoning produced by the cashew nut, the *anacardium occidentale* of the West Indies, which was communicated to me by a friend and medical student of the Eclectic Medical College of New York, Mr. H. R. Allen, a few weeks ago. A gentleman employed in the Custom House in this city picked up a nut which had rolled out of a case containing such, and out of curiosity broke it to pieces with a hammer, and after having examined and smelled of it, put the pieces in his pantaloons pocket. The next day his face and hands showed signs of poisoning—much swelling under the eyes and over the cheek bone, sides of the face, ears, hands and wrists, which was shortly followed by a vesicular eruption, giving rise to intolerable itching; finally, the affection appeared on the inner portion of the thighs and scrotum, causing the most

intense pruritus. My informer, a friend of the sufferer, suggested poultices of slippery elm and flaxseed, to remove the swelling from under the eyes, after an ointment of carbolic acid had been ineffectually used—only, as he stated, to aggravate the symptoms. He had also used a lotion of *alnus rubra*, and, as far as his treatment was carried out, it proved successful in arresting the spreading of the poison and relieved the suffering. An allopath, who had volunteered his opinion, pronounced it a case of eczema.

606 THIRD AVENUE, }
NEW YORK, *March 15th*, 1871. }

APPENDIX.

Since the above article was written—about two weeks subsequently—another fine opportunity was granted me to observe, this time more than ever, the toxic effect of *rhus venénata* on myself once more, and the treatment above referred to with slight variation and modification was carried into effect, with the same good result. On March 29th I went over to New Jersey for the purpose of herbarizing, and while there came suddenly across a snake, which I determined to secure. Hastily cutting a sapling which grew near by, without, however, scrutinizing it very closely, I found out when too late that I had secured a young shoot from an old stump of *rhus venénata*. Within very few hours afterwards I took notice of a burning sensation of the scrotum, and increasing very sensibly so. By evening it amounted to smarting and the parts commenced to tumefy, as the itching increased likewise. Then were noticed the first effects also on the hands and fingers, over the metacarpal bones and between the phalanges. There was no tumefaction on either the hands or fingers, and neither on the face, which underwent the same pathological change the day following. That same night the symptoms increased in severity, and in the morning the parts looked inflamed, with a minute eruption of vesicles just forming over the dorsal surface of fingers and hands, which condition was now observable on inner portion of thighs and good part of the face, and more itching—in fact, the affection seemed to expend its utmost limit of severity, and passed

from one stage to another in regular order, as heretofore related, modified, of course, by the treatment as recommended and laid down previously. The affection was checked at the wrists and over the inferior maxillary bone. The height of the attack was on the third day, when the hands and fingers were literally covered with that pathognomonic eruption by which we can so readily distinguish it from a true erysipelatous condition of the parts. The first day after infection I applied equal parts of pure carbolic acid and glycerine to hands, fingers and thighs. Itching much relieved. On the second day applied the pure carbolic acid; it was applied to the dorsal surface of the hands, over the metacarpal bones of the thumbs and index and middle fingers, where the affection had run the highest. This one application stayed all further itching there, at the expense of the cuticle subsequently. The fingers, wrists, and portions of the face and thighs were continued to be treated by applying twice a day equal parts of carbolic acid and glycerine, which held in check the itching there. On the scrotum I determined to try an application of sulphate of iron. I pencilled the parts with equal parts of the solution of persulphate of iron (Monsel's sol.) and water. This stayed all itching for twenty-four hours, subsequent to which it recommenced the following day, and was held in check with the mixture of carbolic acid and glycerine. The effect of the persulphate of iron was more lasting, but did not cut short the affection any quicker than carbolic acid. It stayed the swelling where applied but did not kill the itching outright. On my hands and fingers I tried likewise, by way of experimenting, the pure acetic acid, and found it equally as good as the carbolic acid to allay that itching. I also experimented with the pure oxalic acid, and it answered to the same purpose wherever applied. On the sixth day desquamation of the cuticle took place, and very severely so, until the twelfth day, whereon the pure carbolic acid had been applied. On the fourteenth or fifteenth day from the day of infection desquamation was completed on the dorsal surface of hands, and a week subsequently also on the palmar surface, and all traces of the affection fast disappearing.

FORCE AND MOTION, MECHANICAL AND VITAL.—HOW
EXTERIOR FORCE AFFECTS INTERIOR BODILY
ORGANS.

*Extract from a work now in press, on PARALYSIS and other AFFECTIONS OF
THE NERVES; their cure by vibratory and special movements*

BY GEORGE H. TAYLOR, M. D.

THE universe is replete with force, ready and waiting to do human bidding and confer human benefits. Examples of the ordinary force or motion are seen in the marvels of mechanics.

Heat is the essential condition of the existence of the arts of civilization as well as the comforts of life. Electricity in modern times has rivalled heat and motion in the interest with which it engages attention, while the wonders wrought by sunlight, as exhibited both in nature and art, transcend all these in vastness of effects. Science has proved that these, and perhaps others, are but different forms—correlations of force rather than different forces—by causing their transformation and mutual replacement of each other. Of these, heat and electricity are in almost universal use as remedial agents. It therefore appears not only that the body is an agent for generating force within itself—the force which is manifested in the powers exhibited by vitality—but it may also be shown to be receptive of force derived from exterior sources, and that the application of force is capable of working changes, and, if properly employed, great benefits to its interior condition and health.

The effects of action communicated without all are familiar with, at least in some degree; for every one is aware of the peculiarly grateful sensations the invalid experiences when the surface of the body is gently *rubbed* by the hand of an attendant; in fact, this act is really not the least important duty of the nurse. It is often found that a great deal of energetic friction is of excellent service, and such advantages are insisted on by the medical adviser in a great variety of ailments, differing radically in their external manifestations or systems. Indeed, this very thing has been a common remedial recourse in all ages and among all nations.

Suppose the attendant varies the operation, and, instead of a

rubbing motion, imparts very light, rapid strokes, directed perpendicularly upon some portion of the body. The force of the action is chiefly expended beneath the surface in this case, and another class of grateful sensations is evoked, especially if the part were previously suffering from pain. Effects similar to these might be multiplied, affecting various and differently related portions of the organism, according to the direction, degree, and rapidity of the impulse. It is evident that this would afford, through the feelings, a vague clue to possible important benefits.

A little consideration will show that the idea of therapeutic advantages through the channel here indicated is not so far-fetched or illusory as might at first be supposed. We may at least comprehend some of the processes whereby such effects come.

The motion and pressure of the hand may be regarded as expressing force in pounds and ounces. This force is the collected energy of organized substance from minutest parts. Its origin, so far as we can trace, is in the ultimate physiological and chemical activities of certain elements of the body. The anatomical hand, being the medium or channel for the expression of the aggregate power of an infinitude of distinct molecular elements and chemical substances, is applied to oppose and overcome the resistance of external and wholly disconnected objects. The internal forces are transformed to external power.

When, now, this force is applied to a solid body, it overcomes the inertia of the body *en masse*. The integral portions do not change their mutual relationship.

But if the same force be applied to another living being, which is constituted of soft or movable parts, it is evident that the force thus employed overcomes not the inertia of the whole, but that of its minutest and invisible parts—is, in fact, distributed among these primary elements and causes of animal power.

But motion of the incipiently vital elements is necessary in order that they may fulfil their destiny; that the *becoming* muscle and nerve may really *become* those instruments of power; that primary organization may occur. Each and every atom thus destined is by motion urged onward in its career to the consummation of its organic purpose.

Without such motion organizing elements could never be brought into due place, but must remain unendowed with vital privileges. Chemical changes, too, so necessary in the re-arrangement of molecules that they may conform to the uses of vitality, and quite as important to affect their destruction and dismissal from service, can never take place unless the materials concerned are moved into contact, and within the sphere of new chemical influences.

It hence appears that, when force exterior to the living body is expended upon such body, it is not lost, but is distributed among its minutest elements, where it becomes directly serviceable to vital needs. Though not transformed to vital force, it supplies the *very conditions* in which this force originates, and thus becomes a direct aid to its manifestations. This fact is especially apparent in cases where vital duties are illy performed, and where the vital power is evidently defective, as is the case in most forms of chronic disease.

The principles now brought into prominence are not of limited scope and application. They form a part of the domain of philosophy and universal science, and do not belong especially to physiology and therapeutics. It may, therefore, serve to increase the reader's interest in the special application of these principles, to state them in more general and comprehensive terms.

If a moving body come in contact with one at rest its motion is arrested, but the force by which it is projected is not obliterated—it is not even diminished. A great variety of experiments has demonstrated that no portion of such force is lost—it is only caused to assume new forms. At the moment of impact the moving force is transformed to its equivalent of *heat, electrical disturbance*, in some cases *light*, and perhaps other forms of force. The arts supply abundant illustrations of this principle; their pursuit consists in its practical application, wherein our wants are subserved. Scrutiny of various conditions under which these transformations appear demonstrates the uniformity of this law of nature.

It is apparent that if the body receiving the force were composed of particles destitute of cohesion—that is, fluid—the law would hold equally good, but the result would be distributed

among the separate atoms. The friction of the moving atoms of liquid, it was shown by Rhumford, produced a large amount of heat, and both Meyer and Joule demonstrated the uniformity of the transformation of motion to heat, as well as their units of equivalence.

If the particles of the fluid be of complex composition instead of being uniform, the diverse nature of the chemical elements is favorable to the transformation of such impinging force to its chemical equivalent. Chemical action will be determined upon among these matters of diverse constitution, and new products will be formed. The kind of product will, of course, depend on the nature of the elements thus engaged. The energy of motion now results in new arrangements of elemental matter. The test tube of the chemist affords an infinite variety of illustrations of this principle.

The human body evidently embodies all the conditions above presented, and is a constant illustration of the principle. In health and in disease it presents a broad arena for the combat of atoms, with varying results, depending on the extent of the control of outside influences. It is hence amenable, in a wonderful degree, to the wholesome control of pure force, supplied from without.



BAPTISIA, VERATRUM AND GOLDEN SEAL FOR SMALL POX.

(*J. J. G. Wilkinson employing Eclectic Medicines.*)

BY ALEXANDER WILDER, M. D.

IN an editorial article several months since the writer reminded the readers of THE REVIEW that the eclectic physicians of Great Britain were organized as an Association, and were exerting a powerful and increasing influence in that country. He has an additional fact to apprise them of, that the celebrated James John Garth Wilkinson, Member of the Royal College of Surgeons, of England, and for a long time surgeon of Hahnemann Hospital, has published a pamphlet on the use of the well known medicines, introduced into practice by reformed physicians, *baptisia tinctoria*, *hydrastis canadensis*, and *veratrum viride*.

We do not know that he has given due credit to the eclectics from whom he derived his information, but we prize his testimony notwithstanding.

Dr. Wilkinson has been the author of several works, somewhat characterized by their curious matter, among them "The Human Body and its Connection with Man," a treatise much prized by "New Churchmen;" and "Swedenborg; a Biography," which Professor Bort once reprehended because of its unusual explicitness of statement in regard to the Swedish Seer; and a discourse upon "Women Physicians," taking advanced ground in their favor. He also translated several scientific treatises written by Swedenborg before his "illumination." He is an attractive writer, of superior professional attainments, and possessing great candor and courtesy. He spent several months in this country a year or two since. Shortly after his return home he published a pamphlet entitled "*On the Cure, Arrest, and Isolation of Small Pox, by a new Method.*"

The remedies upon which Dr. Wilkinson depends for this disease are the *hydrastis* or golden seal, *veratrum viride*, *baptisia tinctoria*, or wild indigo, and sulphate of soda. Many of the ideas which he utters are found in back numbers of THE REVIEW, and he has evidently drawn some of his inspirations from the paper on *veratrum* read before the Eclectic Medical Society of the State of New York, by one of the members, Mrs. Maria B. Hayden, M. D.

The following are his remarks upon the use of these remedies in small pox:

"*To the Physiological Sub-section of the British Association:*

"The *hydrastis canadensis* is a drug which has been employed in the treatment of various diseases, both in local and internal administration, and the object of the present paper is to record the power which it exerts over small pox, in modifying the disease, abolishing its distressing symptoms, shortening its course, lessening its danger, and greatly mitigating its consequences.

RESULT OF THE TREATMENT.

"Four cases treated by myself with the *hydrastis* have yielded

one constant result. Of these cases two were moderately severe distinct small pox ; the third was a case of severe confluent small pox, with ardent fever, and great local swelling of the head, face and neck ; the fourth case was typhoid, the eruption slow in development, petechial from the first, and rising from a ground of the worst description of measles ; and it became uninterruptedly confluent over the head and face, and over nearly the entire body and limbs. The patient was a very delicate girl, laboring under menorrhagia during the greater portion of the attack ; and laryngeal, tracheal, and bronchial symptoms proved that the eruption invaded the internal mucous membranes throughout a large portion of their extent.

“ Thus, though my number of cases was limited, their range of symptoms was considerable. In short, they covered something like the whole ground of small pox, and in them all the success was so decisive, so prompt, and so grateful to the patients, that I look to a repetition of the same success wherever the same means are properly applied to the disease.

“ For a statement of my cases, their symptoms, duration, and treatment from day to day, and the consequences of that treatment, I beg to refer to a pamphlet—‘ On the Cure, Arrest, and Isolation of Small Pox by a New Method ’—published by me during the present year. But this treatment in detail I endeavor to make known for the first time through the medium of the British Association.*

“ The alleged results are so extraordinary that it is a satisfaction to know that they can be at once proved or disproved in the small pox hospitals, and by medical practitioners all over the country. They need not, therefore, rest on my personal testimony. Considering the nature of the disease, and the simple and easy means I have discovered of treating it, is it not a duty that I should make it known to you as the highest and widest tribunal of medical discovery in the British dominions ?

VERATRUM VIRIDE.

“ Hitherto I have mentioned the *hydrastis canadensis* alone ;

* Hardly correct. The properties of *hydrastis* are fully set forth in the American Dispensatory ; and it has been employed by eclectics for more than a quarter of a century. *It is not praised too highly.*—A. W.

but there is another drug of which I have made equal use in my combat with small pox ; I mean the *veratrum viride*. The sphere of its action is not, however, peculiar to small pox, but extends also to erysipelatous inflammations generally ; and, indeed, in the hands of the discriminating practitioner, to the whole circle of congestions and inflammations. Like the *hydrastis*, I employ it also locally as well as internally.

METHOD OF TREATMENT.

“ I need hardly observe that complications will arise which require their own treatment in this as in other diseases ; it is, however, with the great features of small pox that I now propose to indicate my method.

“ And first for the drugs themselves. I employ the concentrated tinctures of *hydrastis canadensis* and *veratrum viride* as follows : Mix together a large teaspoonful of each in a tumbler of water for local application, and as soon as the disease appears on the skin, dab the affected surface frequently with the lotion. For this purpose a little of it may be warmed in a cup placed in hot water, in order that it may not chill the patient. Let it dry on the skin, only sponging it off occasionally to prevent stiffness and discomfort. As the eruption develops the sponging may be more frequent, and, if the inflammation be intense, double the quantity of *veratrum viride* may be employed, though I have obtained all my results with the single teaspoonful to the tumbler. The *veratrum viride* is, however, comparatively harmless when locally applied, and produces no injurious consequences to the sound skin, even when painted on it in the form of a concentrated tincture. When the swelling is considerable, as in the first days of confluent small pox, single linen rags are to be wet in the warmed lotion and kept applied continually to the parts—*c. g.*, over the whole head and scalp, face and neck—the rags being skilfully covered in with gutta percha tissue, so as to keep inflamed surfaces in a vapor bath of the combined drugs. Finally, if the general strength will bear it, and the means are efficiently at hand, a complete bath at 96° once or twice in twenty-four hours, medicated with two teaspoonfuls of each of the concentrated tinctures, and exhibited from three to ten min-

utes at a time, according to the effect, will, I believe, be an active and agreeable means of keeping up and extending the curative medicinal actions. This bath, however, I have not yet tried in small pox, but I hope to do so in future, in conjunction with the free use of stimulants, which play an important part in the present mode of treatment.

“As the inflammation of the skin and the primary fever subside (which they do in from twelve to thirty-six hours under the treatment in question), the *veratrum viride* is omitted from the lotion, and only the *hydrastis canadensis* applied—and this continuously every hour or two so long as the pustules are developing. If the inflammation occurs again, the *veratrum viride* is again made an ingredient of the tumbler.

SULPHITE OF SODA.

“If there be cases in which the *veratrum viride* does not abolish the erysipelatous swelling that surrounds the eruption, after eighteen hours' trial, and before the pustules are broken, mix a dessert spoonful of coarsely powdered *sulphite of soda* with a pint of water, and apply this as a lotion instead. It is a marvellous remedy, locally applied in erysipelas, especially where great exhaustion and collapse are present. It should not, however, be applied on the face after the pustules break, excepting very cautiously and attentively. Try it in the worst cases.

“This is the sum and substance of my local treatment of small pox, and it is applicable all through the disease, including also the secondary fever; but which, indeed, can hardly be said to exist under these ministrations.

“The preparations I use are the concentrated tinctures of *hydrastis canadensis* and *veratrum viride*, prepared by Keith & Co., of New York, and the fluid essences of the same drugs prepared by Tilden & Co., of the same city. [More correctly, of New Lebanon, in Columbia County.]

“In order to put my method to the proof, medical practitioners should be careful to be supplied with these preparations, and not with their English substitutes. A good tincture of *V. V.* is made in London, but my results were not obtained with it.

MODE OF APPLICATION.

"The *hydrastis*, however, can be applied in various ways; either in the cold infusion (a tablespoonful of the powdered root stirred in a tumbler of water, and the clear liquor employed as above); or, what is a convenient method, where the pustulation and moisture are considerable, by dredging the surface with the powder itself. The latter application may sometimes be usefully alternated with that of the concentrated ticture, the change for the time being grateful to the skin.

"So much for the external applications—for what we may call the general local treatment. The internal treatment is pursued with the same remedies. As soon as the disease is suspected, twenty drops of the concentrated tincture of *hydrastis* are mixed with twenty dessert-spoonfuls of water; and a dessert-spoonful is administered every four hours; and as the disease develops itself the same dose is given every two or three hours, according to the severity of the symptoms. When the fever and erysipelatous swelling of the skin accede, add to the above mixture thirty drops of the concentrated tincture of *veratrum viride*, and administer the combination at the intervals mentioned above. Let the effect be watched, and if faintness or prostration, very slow pulse, with nausea and great perspiration are produced by the *veratrum viride*, the use of that ingredient must be suspended for a time.

BAPTISIA, OR WILD INDIGO.

"Where putrescence is a marked type, and also where the pustulation is greatly developed in the mouth and on the fauces, the concentrated tincture of *baptisia tinctoria* (Keith's) is very serviceable, and may be given in combination with the *hydrastis*, in doses of from three to five drops, mixed with each dose of the latter.

"Towards the conclusion of the disease, where a tonic is needed, the *hydrastin*, an extract or 'alkaloid' of the *hydrastis*, may be given every four hours, in doses of from a quarter to half a grain, dissolved in a tablespoonful of water.

"With these simple medicinal means I have obtained results unparalleled in the treatment of small pox.

DIET.

"The dietetic treatment is modified by the fact that the *hydrastis*, from the first dose and the first application, is extinguishing the varioloid poison, and that the *veratrum viride*, with even greater promptness, is rendering the skin tissues and the cellular tissues incombustible, and is destroying the inflammation, and the capacity of the system for inflammation. In consequence of these attainments the danger of internal complications—bronchitis, pneumonia, cerebral and abdominal fever, inflammations, or decompositions of tissue—is* so far lessened that the chief aim of the practitioner is directed to sustaining nature under the shock of the disease—in short, to gaining time for convalescence by judicious diet. This should be such as is appropriate in cases of erysipelas, of severe boils, carbuncles, snake bites, and other maladies attended with nervous prostration from vitiation or poisoning of the blood. Among these means alcohol and water—brandy and water (save in the crisis of ardent fever, when *veratrum viride* has the first part to play)—is of the chiefest importance, and should be gradually and experimentally administered. The Hungarian wine, Carlowitz, or claret, one part in two or three of water, is an agreeable and refreshing diluent, and an excellent roborant for the blood; and later on, when the *hydrastis* is wanted, port wine may be given, if a greater quantity of blood nutriment is required. Good beef tea should also be supplied, according to the digestive power. Fruit is the best solid to commence with. In short, a liberal stimulant and fluid nutriment diet is to be pressed against the prostration of the disease throughout, the cup to be drawn back whenever nature says 'Hold!' by any sign of gastric and general distress, and to be proffered again as soon as such symptoms have abated. In the worst cases pure rum, whiskey or brandy should be given *ad libitum* to keep the patient alive, as is done in snake bites.

"There is, I am sure, nothing new in this dietary, yet it is important to remark that the *hydrastis* and *veratrum viride* render its application at an early stage of the disease, and indeed throughout, more safe and feasible than it would be under the old treatment.

SUMMARY OF RESULTS.

"The success at present attained may be collected under the following heads :

"1. The disease has been abridged in duration. (In my first severe confluent case, to which also I was not called until the face and neck were one continuous pustule and the head swollen hugely, the symptoms were over in a week, and on the eleventh day from my first visit the mask of scab had all separated, and the patient was out in Kensington Gardens.)

"2. The inflammation and primary fever are certainly and speedily subdued.

"3. The pustulation is arrested, and the secondary fever is annulled.

"4. There is no itching of the pustules, and the patient has no motive to pick the face.

"5. There is scarcely any pitting, and *à fortiori*, there is no seaming, even where the face has been one bag of matter ; although, in such cases, the complexion is roughened for a time.

"6. The stench of the old disease has no place.

"7. The suffering is reduced to a minimum.

"Owing to the antiphlogistic exactitude of the *veratrum viride* and the specific power of the *hydrastis*, stimulants are borne from the first.

"These statements are astounding, but a careful, brief trial will prove their truth.

"It remains to notice that in but one of my cases has infection been communicated in the houses ; and this circumstance (upon which I might dwell if time permitted), coupled with the complete destruction of the stench of the disease, leads me to infer that the *hydrastis* not only kills the poison in and on the system but neutralizes, encases and isolates the detached and detaching poison particles, and renders them inert and non-contagious, thus separating the sick from the sound by an impregnable film of quarantine.

"The same circumstance leads to the farther inference that the *hydrastis*, administered internally and applied externally to the healthy in infected houses and districts, is *prophylactic*

against the attack of the disease ; for whether the sound person is fortified and encased, or the disease imprisoned, amounts to the same thing. I have therefore administered drop doses of the tincture of *hydrastis* n. 6, twice a day, in a tablespoonful of water, where the contagion is feared ; and the safety may be completed by a teaspoonful of *hydrastis* tincture in a cold or tepid sponging both night and morning. A pilule of *hydrastis* n. 6, night and morning, may be given to the children. These means are of easy application ; and, if my reasons be correct, they will tend to seal the population against the spread of the disease.

“ Lastly, the shortening of the disease, which I have undoubtedly effected, gives good hope of the greater result of its extinction ; and as this object has not before been attempted, the attempt is a new position, and may be crowned with success. Hitherto a conscientious dread has prevailed of suppressing the disease—though the record of suppression by medical agency has not come under my notice. Suppression were indeed fatal, but extinction is cure. There is no better reason why small pox should run its course than why erysipelas should run its course, or carbuncle. It is a disease which engenders itself in its progress, and consequently its extinction at the commencement is the object to be obtained. As erysipelas in formidable cases can be extinguished in a few hours by lotions of *veratrum viride* (and also with surprising rapidity by lotions of sulphate of soda), so probably can small pox by the *veratrum viride* and *hydrastis* combined, if properly and energetically applied at the outset. This now remains to be essayed. To this all efforts should be bent ; and I am not without confident hope that in the simple means which I have brought before your honorable section there lies the power of so great a result.”

STRICTURE OF THE URETHRA—REPORT OF A CASE IN PRACTICE.

BY PROF. EDWIN FREEMAN, M. D.

THE following report of a difficult and complicated case may be interesting to many, and may also serve to direct some one as to what he may do, when placed under similar circumstances.

Mr. T., aged about 38 years, came to me, December 16th, 1870, suffering from a stricture, which was so close, that, for a long time he had not been able to completely empty his bladder. The overflow simply would pass after much straining, and thus would give him only temporary relief. The stricture was the result of gonorrhœa, and had lasted at least ten years. He followed the sea, and in different countries had consulted various eminent surgeons. There had been complete suppression of urine more than once. Although the attempt had been made many times, to pass an instrument of some kind into the bladder, it was only accomplished once, and then while under the influence of chloroform. He had suffered also much from chills, which he thought were often brought on by the suffering and depression produced by his disease. I found the stricture located in the anterior part of the membranous portion of the urethra, just behind the bulb. It was apparently about a third of an inch in length. After carefully manipulating, I succeeded in passing the finest whalebone filiform bougie, one third of a size of the No. 1, French scale. After withdrawing it, he was able for the first time in a long period to evacuate his bladder. The next day, I passed the same—and one a third larger, after working some time with him. In two days, I succeeded in passing the third size of the whalebone filiform bougie. Proceeding cautiously, every two or three days, I at last succeeded in passing Nos. 1, 2, 3, 4 and 5, French scale, acorn points. Afterward, at another meeting, I could not pass either, and could only succeed in passing the smallest filiform. In the meantime, he had been taking of—R. Fluid extract gelseminum semp. $\bar{3}$ ss; fluid extract agrimonia, $\bar{3}$ ijss. M. A teaspoonful every four hours. He had also been drinking freely of a tea of—R. Althae off. rad, $\bar{3}$ ij; althae off. fol., $\bar{3}$ ij; uva ursi fol., $\bar{3}$ ij; barosma

cren. fol., $\frac{3}{4}$ iss. One fifth was added to two pints of water ; it was steeped to a pint and drank freely.

After much perseverance, I was at last able to introduce a No. 4 again, and this I followed with a small No. 1, acorn pointed, English bougie, which I had had Mr. Tieman insert into a tip, to be screwed on to the extremity of a Holt's dilator. The ordinary guide being sharp pointed, I was unable to get it in, because of the position of the stricture, and of its catching at the border of the stricture ; and being very flexible, it could not be manipulated through. I succeeded with this, and, having attached the instrument, it was guided down through the stricture, and I then ruptured it in the ordinary way. On withdrawing the instrument, I found that the guide, a full length No. 1 bougie, had pulled out of the tip and was left in the bladder. I immediately searched for it with a pair of long narrow bladed forceps, and found it was not in the urethra. I called on Mr. Tieman, and he had no curved forceps made sufficient for the emergency. By this time the urethra was too much inflamed and swollen from the operation to allow of much interference ; and it is doubtful if so soft a material could be felt if it had been possible to get an instrument to search for it. Resort was then had to poultices of hops and flaxseed for the purpose of preventing any excessive inflammation of the bladder. Perfect rest upon his back was enjoined, and every measure possible was adopted to subdue the inflammation in the urethra. In about five days, I passed a No. 7 bougie, and in two more, a Burges forceps, which, when closed, is about like a No. 7 steel sound, but opens like a pair of forceps, the hinge being in the entire length of the shaft. I searched the bladder carefully in all directions, but, owing to the soft nature of the object looked for, and the grasping of the instrument by the still inflamed urethra, I could not detect it. There was much bleeding of the urethra and I desisted, and renewed the attempt two or three days after but with no better success. No inflammation of consequence had arisen in the bladder, and so there seemed to be but two courses to pursue for the ultimate relief of the patient, and to prevent grave consequences: 1st. To see what would occur in the natural way, as it was possible for the bougie to soften and come away. (The instrument

makers assured me that the gum and wax would soon dissolve.) 2d. To operate as for lithotomy immediately, and remove it. I decided that the latter could be done at any future time, if I failed in the other way, and I gave him the benefit of the chance. I put a bougie of the same kind and size into warm urine and kept it there. I soon found that it uncoiled itself, and let the catgut which is in its interior out, and was inclined to break up into pieces, while the catgut softened and became separated into filaments. The hard portion of the bougie would not dissolve. The point of the bougie now presented itself in the urethra, and was at last expelled creating much irritation. Small shreds of catgut occasionally passed. I increased the size of the bougies until a No. 10 was inserted, and kept him drinking freely of demulcent teas and using the poultice. By keeping the urethra well dilated, piece after piece of the bougie became engaged in the urethra, sometimes remaining a day or two before I would see him. I would then extract them or loosen them, and have him retain his urine until the bladder was fully distended, and the force of the current would wash them out. Some pieces were completely coated with phosphate of lime, and studded with beads of this deposit as large as buckshot from one end to another. I have one piece two inches long. I washed the bladder out with a double acting catheter with a liquid of *acidi nitrici*, ʒss; aqua, Oj. In a short time the rest of it passed, and a large quantity or the whole of the calculous deposit. The inflammation in the urethra now rapidly subsided. A large sized bougie was occasionally passed, and he urinated with a large stream without pain or inconvenience. From the broken down condition of his system and the deranged condition of the bladder, there was a constant tendency to alkalinity of urine, and a short time ago he came to me complaining that gas escaped from the bladder in bubbles and spurts, after he had finished urinating. I administered dilute nitric acid internally, ten drops three times a day, and washed out the bladder with the same, highly diluted, and the trouble disappeared. I also gave him quinine and iron internally. He inserts now a steel sound, No. 11, once a month, until the parts are sound and well.

I have suggested to Mr. Tieman that a fine silk cord, made of

the finest single strand of silk, twisted and doubled, be firmly attached to the guide of every dilating instrument sold, close to the screw tip (and this can be done by the surgeon) for the purpose of drawing it out of the bladder immediately, should an accident happen. It can be applied so as not to interfere with its passage through the stricture, and may save much trouble. He has since advised it to those buying them. A brother of the gentleman whose case I have just described was afflicted with a stricture in the same portion of the urethra, but not nearly as bad a case as the other. The stricture was very close, and he could pass but a small stream of water. I introduced the filiform bougie, and then No. 1 and 2, and followed with the guide with the cord attached. This took the dilator through, and I ruptured it one week ago. The inflammation has nearly subsided. I have introduced a No. 9 bougie, and will soon introduce as large a size as the urethra will pass, and then he will be allowed to use it occasionally, until the parts are sound and well.

No. 63, WEST NINTH ST., NEW YORK, }
April 24th, 1871. }

VALUE OF REVACCINATION IN SMALL POX.

MOST of our readers are aware of the extent to which the small pox has ravaged France, and especially Paris, and of the continued discussion of remedies and indications of the disease. In response to a request from the Minister of the Interior to the Imperial Academy of Medicine, the following statement of established facts was returned: First, vaccination is a preservative against small pox; second, in every instance, after a certain time, revaccination is expedient to secure complete exemption from contagion; third, revaccination is an absolute security from danger; fourth, revaccination is useful at all ages; fifth, it can be employed without inconvenience during the existence of the epidemic, and it is perfectly well established that in certain localities—in the bosom of families, in boarding schools, and other agglomerations of individuals—it has succeeded in arresting upon

the spot an epidemic just begun; sixth, the actual epidemic of small pox, which prevails in Paris and other points of French territory, has supplied a convincing proof of the protective power of revaccination; finally, it was stated that in various army *corps*, and especially in the Garde de Paris, and in many public and private establishments, particularly in some of the municipal schools, the small pox was entirely checked after revaccination; and also that the latest statistics, especially those collected in the civil hospitals of Paris, prove in the most positive manner that persons recently revaccinated have been attacked only in a very small proportion, and very lightly, and so as not to figure in the statistics of the mortality. It is, therefore, concluded that it is in the highest degree important, both in the interest of the individual and of the public, to continue to extend every possible way the practice of revaccination.—*Editors Scientific Record.*

MR. EDITOR—Having read the above article—the first part referring to the certainty of vaccination as a precaution against small pox, I wish to add a special case occurring in my practice as proof of the above preventive influence. In the spring of 1866, Professor Rusk, Principal of the Wesleyan Female College of Cincinnati, O., an institution with its usual number of boarders, called me in to see two women, cooks in the college. Upon a close examination, I found that the body of one of the patients was just beginning to pustulate, while the other was covered with small pox eruptions; both had been the subjects of a high febrile excitement, and were believed to be suffering from a common attack of fever. With these cases this whole school had been brought into contact, including the Professor and his family, teachers and pupils; each one had visited them to express sympathy, &c.

The patients were immediately removed to the pest house, and every inmate of the house was vaccinated; and on the fourth day thereafter, every one showing no evidence of the vaccination having taken, were revaccinated; the school escaped without one single case occurring.

While upon this subject, I would say it has always been my practice, when called upon to vaccinate, if the patient had been

or was very liable to exposure, to *vaccinate* the *second* time the fourth day, if the first effort was not attended with success.

ORIN E. NEWTON, M. D.

Cincinnati, O.



PERISCOPE.

Treatment of Diphtheria.

DR. STEINER, quoted in the *Practitioner*, states that in his opinion we are not at present in a position to determine whether diphtheria is a constitutional and blood disease, or whether it is only a local affection. He appears, however, to be himself inclined to regard it as of a parasite nature, since the methods of treatment he has adopted are chiefly local, with the exception of the administration of the chlorate of potash and quinine. The means employed consisted in the application by gargling, inhalations, penciling or powdering of the following agents: 1. Aqua calcis in fourteen cases. Of these, nine terminated favorably, five fatally. The solvent action of the lime water on the diphtheric slough was very well marked. The false membranes had, in a great measure, or entirely, disappeared in the course of six or eight hours. It did not prevent the adoption of other measures. It did not appear to be capable of limiting the diphtheritis to the fauces, or to prevent its extension into the larynx and bronchia. 2. Acidum lacticum. This remedy, which was first suggested by A. Weber as a solvent for the false membranes found in croup, was applied by Steiner in the form of inhalations (15 to 20 drops of lactic acid being contained in one ounce of water), but with the same unsatisfactory results as in lime water. Of seven cases three recovered and four died. Lactic acid must be admitted to effect a speedy detachment of the diphtheritic membranes, but no greater power of arresting the progress of the disease can be attributed to it than to the preceding remedies. 3. Ferrum sesquichloridum (applied with a brush to the parts affected). The solution and separation of the false membranes did not occur so rapidly as after the other means, but, when once this had been accomplished, and the chloride was brought into direct contact with the ulcerated surfaces, the latter appeared to assume a healthy aspect, and the process of healing was promoted. Of four children treated by this method, two were saved and two died. 4. Spiritus vini applied by means of a brush, and also in the form of wet compresses around the throat. No remarkable effect upon the false membranes was observed of three children thus treated belonging to the same

family; one died, and two others recovered. 5. Sulphur sublimatum. Dr. Steiner agrees with Hanner that the action of flowers of sulphur, if it had any at all, is only that of a slight caustic. The application was made by insufflation, and was repeated every three or four hours. Two slight cases treated in this manner recovered; a severe one died. From these experiments Dr. Steiner draws the conclusion that slight cases of diphtheria recover under all of the above methods of treatment, whilst severe ones prove fatal; and that we are not at present in the possession of any remedial agent that is capable of limiting the diphtheric process to the fauces, but that the aqua calcis is, perhaps, the most valuable remedy, on account of its unmistakable influence in effecting the solution of the diphtheritic membranes. The plan which he adopts is the following; locally, lime water; internally, the administration of chlorate of potash, quinine and wine. When laryngitis appears he gives emetics, and in asphyxia resorts to tracheotomy.—*Medical and Surgical Reporter.*

Propylamin in Rheumatism. By JOHN M. GASTON, M. D.

It is about eleven years since this article was placed before the profession as a remedy in rheumatism, on the recommendation of Prof. Aryenarious of St. Petersburg, Russia, in a report published in the "Annals de Therapeutics in 1857, p. 74, claiming for it specific powers of a high degree in this disease. He treated it with success, in two years, between 1854 and 1856, 250 cases of rheumatism, acute and chronic, with all sorts of complications, metastatic, pericardial, pleuritic, meningeal, hemiplegic and paraplegic, and all recovered."

Numerous articles appeared in the journals some years ago confirmatory of these claims for it, and setting forth its uses in other diseases, as neuralgia, etc., but of late years I have not seen much mention made of it in the journals. But my own experience during the past eight years, the time during which I have been using it, has accorded so harmoniously with those reports, and that of the distinguished gentleman named above, as to give me great confidence in its usefulness, and some assurance in recommending it to the profession.

I need not attempt to give you the detailed report of the cases I have treated with it, as that would involve the consumption of too much time, but will, if you please, relate circumstantially only the first case and the last one in which I have used it. And I here take occasion to say that in no single instance has the pain

and the soreness of the parts failed to yield completely in twenty-four or forty-eight hours, the cure progressing from that time on without interruption, except in two cases, occurring in individuals affected with gonorrhœa at the same time; and even in these two cases it afforded decided relief, but failed further to arrest the disease, and so did everything else that I could do, and I finally lost sight of both cases. It will be remembered here that, of all forms of rheumatism, gonorrhœal rheumatism is the most inveterate and unamenable to treatment of any form of the disease.

My first experience in the use of this agent occurred in 1863, in the case of an interesting little girl, a child five years of age, in which all the joints of both the upper and lower extremities were successively invaded by the disease, despite my most strenuous efforts to the contrary; and fearing daily the involvement of the heart in the grand ruin, I was in an agony of anxiety and apprehension. I sought counsel, but it availed nothing as to relieving the case. At last, almost in despair, and scarcely knowing the powers of the remedy for good or evil, and unable to obtain from any source the information I wanted, I brought to bear upon the case, as a sort of forlorn hope, the propylamin, and to my great surprise and gratification, in a little less than forty-eight hours the relief was complete to the aching little limbs, but I regret to say a slight valvular murmur was left in the heart.

I presume every physician, when a case of this disease has gone pleasantly with him, and yielded in apparent obedience to some new agent, has fancied that he has at last found the true remedy for rheumatism, but on the next trial it has, perhaps, disappointed and deceived him. It had been so with me in former years, and I soon learned to distrust such experience. But in the case of this, the time has been so long, and the success so uniform and so good, that it must be more than a simple coincidence.

My latest case occurred a few weeks ago, in the person of John Whitaker, a blacksmith, thirty years of age, involving the feet, knees, wrists, shoulders and elbows successively, with great constitutional disturbance, fever, furred tongue, constipation and loss of appetite. In this case the disease was first arrested in a little *over* forty-eight hours—delayed a little beyond the usual time on account of having to stop in the midst of its use, and wait for the administration and operation of a cathartic, the patient being one of those matter of fact individuals, who believe in the importance of the daily performance of that particular function sick or well. His recovery progressed satisfactorily for

two or three weeks, but on the very day that he had set to go to work again he suffered a relapse, and became worse than ever. After administering a cathartic, this time in advance to make sure, I put him on the use of the agent, and in forty-eight hours he was all right again.

I may observe here, that my experience with the use of it has been confined to cases of acute rheumatism altogether—and so confident have I become of its powers that I have been in the habit for years, on first diagnosing a case of rheumatism, of promising relief in twenty-four or forty-eight hours. The cases have not been so very numerous, but, perhaps, as many as would naturally come under the attention of a physician in ordinary practice in that space of time—at least one or several a year.

Most cases of acute rheumatism are ushered in by chill, fever and general disturbance, as well as pain. I usually see that the patient is in a proper condition for the use of the agent, his bowels not constipated. I sometimes order a cathartic, and I frequently premise its use by administering fifteen or twenty grains of quinine in the first twenty-four hours to an adult, after which from two to six or eight drops of the liquid propylamin in a tablespoonful of water every two hours for the first twenty-four hours, and at longer intervals the next twenty-four hours, and the cure is accomplished, so far as relief from soreness of the joints and pain is concerned.

The propylamin is found in the shops in two forms, the liquid and the chloride, or muriate. The former is a colorless, transparent liquid, with a singular ammoniacal and fish brine odor; is soluble in water, and has an alkaline reaction, and, in solution of two to ten drops in a tablespoonful of water, is nearly tasteless, and is, so far as I have been able to learn, devoid of poisonous or injurious properties. Its chemical equivalent is C_6H_9N .

The chloride is in the form of white crystals, very soluble in water, one grain of which is equivalent in action to about one drop of the liquid.

The agent in either form is somewhat expensive, and that has perhaps been a hindrance to its general use. It formerly sold for five dollars an ounce in this city, but it is cheaper now, costing about three dollars per ounce. I imagine it is sometimes diluted as found in the stores, and if it should seem to fail sometimes on trial, it might be well to bear that in remembrance, and increase the dose.

It is said to exist in cod liver oil, in ergot, in chenopodium and in sorghum, and is extracted chemically from opium and several other sources, but the most abundant source of its supply is found in herring brine.

A very convenient formula for its administration is as follows :

R. Propylamin.....50 to 80 or 100 drops.
Distilled water.....8 oz.

M. S. Dose, tablespoonful every two hours to adult.

This is a larger dose than was used by the authority above referred to, but experience has assured me that it is within the bounds of perfect safety.—*Ind. Journal of Medicine.*

Scrophularia Nodosa. Kibby Rooted Figwort. By WILLIAM PARKINSON, M. D.

THIS is one of our native remedies that has been much neglected, owing perhaps to its properties not being rightly understood. I have found it alterative, diuretic and resolvent. A tincture of the dried leaves is useful in nephritis and scorbutic disease ; combined with irisin, I have found it efficacious in glandular swellings ; likewise as an alterative, combined with podophyllin, in some troublesome forms of skin disease. It is of great value, as an outward application, in *varicis*, *piles* and *glandular swellings*, for which purposes a strong decoction, tincture or ointment may be used. In *varicis*, a bandage should be worn over the part, and kept constantly moist with a decoction of the plant, at the same time it is requisite to attend to the general health ; this I have always found to have a good effect, much superior to *hamamelin*. For glandular swellings, an ointment or tincture may be frequently rubbed on the affected part, and a medicine administered internally, made of the tincture of *scrophularia*, combined with irisin, and a little podophyllin. For piles, a warm fomentation applied to the part, *i. e.*, a strong decoction made of this plant, together with a mixture comprising the tincture of *scrophularia* and podophyllin, is invariably successful. I have used it in one case of aneurism of the abdominal aorta, between the epigastric and left hypochondrial region. The patient was a female, married ; she attributed it to a paroxysm of coughing, some months previously to applying to me ; it had gradually increased until it was almost the size of an (hen's) egg ; the pulsation could be easily seen. She complained of a difficulty of breathing on the least exertion, sickness, pains in the loins and in the abdomen, together with general weakness of body. I immediately ordered a bandage to the body, and a compress composed of six or eight folds of linen, saturated with a strong decoction of *scrophularia*, and applied to the part underneath the bandage, and the compress was kept constantly moist with the decoction. The heart was brought under control

with the concentrated tincture of veratria, and the general health improved with tincture of cinchona and antispasmodic drops. In two weeks the pulsation was but just perceptible to the touch, and in about twelve weeks nothing remained but a little hardness of the part. This treatment was over two years ago, and she has remained well ever since. The tincture I usually prepare is from the coarsely powdered leaves by displacement, *i. e.*, one ounce of leaves will make four ounces of tincture in the ordinary form. The ointment is prepared from the whole plant. The *scrophularia aquatica* or water figwort, which grows by the side of ponds and ditches, has a fibrous root, and leaves somewhat resembling betony (and is commonly called *water betony*). This plant possesses similar properties to the *scrophularia nodosa*, but in a somewhat less degree; both plants are worth a better attention than has been bestowed upon them.—*New Era of Eclecticism*.


Iodide of Ammonium Preferred to Iodide of Potassium.

DR. J. W. CURRAN (*Medical Press and Circular*) is confirmed in the belief that iodide of ammonium is more potent in therapeutics than iodide of potassium. He gives it the preference in the treatment of glandular affections, and extols it highly in cutaneous erysipelas. His method of applying it in erysipelas is in the form of ointment spread on lint, as well as internally. The ointment is composed of 30 grains of the iodide to an ounce of simple cerate. He says it rapidly promotes absorption of the effusion underneath the skin, and has been uniformly successful in 16 cases. He also gives internally four grains three times a day, with infusion of cinchona. "I am proud to say," he continues, "that the rash has never spread beyond the anointed lint."

Climatology of Bright's Disease.

GOUVERNEUR M. SMITH, M. D., New York (*Trans. New York Academy of Medicine*), does not doubt that climate is an element in the causation of Bright's disease—referring to the form of the malady represented by granular degeneration. The inhabitants of the poles and of the tropics are comparatively exempt from the disease, owing to the fact that the climates to which they are exposed are either uniformly cold or equably warm. The annual mean temperature of the city of New York and vicinity is 51° F., and therefore it is a location especially favoring the de-

velopment of Bright's disease. It is consequently not surprising that here the malady is so frequently encountered. During the year 1867 the deaths in New York city numbered 23,441, of which number 425 were from Bright's disease. Rochester and Providence, with climates cooler than that of New York, have a considerably less mortality from Bright's disease. This comparative immunity may be partially attributed to the fact that these places are nearest the outskirts of the Brightian tract, and partially to the reason that intemperance is less prevalent in those cities than in this locality. Dr. Smith believes that the liability to this disease is diminished where the vicissitudes of the weather are less abrupt than in this locality; in other words, that the climatic element of causation decreases both in more northern and more southern latitudes. The southern part of our Union seems to present a place of refuge to one threatened with Bright's disease, or to one who has recovered from its more serious symptoms, and appears to offer a residence in which he is less exposed to excite irritation in parts of the kidneys which may be unaffected, or which may be but partially diseased. In following the isothermal line of 60° F., we find it commencing near the northern part of North Carolina, running through Chapel Hill and Raleigh, thence along the northern part of Georgia, Alabama, Mississippi, Arkansas, and Texas; thence crossing the continent and running northward on the Pacific coast, north of Sacramento, to about the 40° of latitude. In conclusion, he says: "It behooves all, therefore, who reside in this metropolis during the winter months, to maintain a constantly uniform and normal temperature—an object which can only be attained by suitable diet, warm clothing, and a due attention to the warming of apartments.—*Med. Record.*



REVIEWS AND BIBLIOGRAPHICAL NOTICES.

Nouvelle Theorie sur le Mecanisme de l'Accouchment.

PAR GUILLERMO MICHELINA, Docteur en Médecine et en Chirurgie des Universités de Paris de Caracas et de la Havane, etc., etc.; New York: Imprimerie Cosmopolite, 1871.

IN this little *brochure* Dr. Michelena, after demonstrating the relations which exist between the pelvis and the foetus, explains his new theory in regard to the mechanism of labor. By the application of this principle the various presentations and processes of labor are simplified to the comprehension of the student, and the whole subject rendered much clearer and more intelligible.

The North American Journal of Homœopathy.

THE February issue of this well known quarterly has been placed upon our table. It contains a number of highly interesting papers, original and translated, and is fully up to its predecessors in point of practical value and scientific merit.

The New York Observer Year Book and Almanac for 1871. SIDNEY E. MORSE, JR., & Co.

THE above annual is issued at the commencement of each year for the benefit of the regular subscribers of the *New York Observer*. It contains a large amount of valuable matter. The statistical information, religious and secular, is highly interesting. The Civil and Commercial Departments contain the entire organization of the Government, with much of its history. The Educational Department gives a full account of the number and workings of the various theological, collegiate, medical and legal institutions in the country. The agricultural statistics have been carefully compiled, and are complete and valuable.

Minnesota; its Character and Climate. Likewise sketches of other resorts favorable to invalids, together with copious notes on health; also hints to tourists and emigrants. By LEDYARD BILL, New York. Wood & Holbrook, publishers. 1871.

THE above is the title of a very readable work by the author of "A Winter in Florida." It is written in his usually attractive style, and gives a fair idea of the general features and characteristics of the State of Minnesota, and of its attractions for the tourist and emigrant.

The meteorological features of the country receive especial consideration. The constitutional character of the climate, the atmosphere, peculiarities of the temperature, etc., are all fully treated; and the great benefit to be derived from a residence in this climate by those persons afflicted or threatened with pulmonic affections is insisted upon.

Recent and extended investigations have established the fact that consumption and other kindred disorders are influenced, if not entirely controlled, by favorable climatic conditions. The climate of Minnesota, on account of its *dryness* and *equability of temperature*, has, *par excellence*, enjoyed the reputation of fulfilling these conditions.

The information contained in this little book cannot fail to possess a high degree of interest both for physicians and sufferers from that class of complaints.

We commend the work to the favorable attention of our readers.

The Causation, Course, and Treatment of Reflex Insanity in Women. By HORATIO ROBINSON STORER, M. D., L. L. B., Surgeon to St. Elizabeth and St. Francis Hospital for Women, etc., etc., pp. 236. Boston: Lee & Shepard, publishers. New York: Lee, Shepard & Dillingham. 1871.

THE work before us is an embodiment of a report upon insanity communicated by Dr. Storer to the American Medical Association, and published in the Transactions for 1865. The views therein expressed elicited at the time much comment and diverse criticism. Many were of the opinion that entirely too much prominence had been given to the pelvic causation of insanity, but recent and carefully conducted investigations by scientific observers, both in this country and Europe, would seem to substantiate the correctness of Dr. Storer's views.

He states, as the general propositions, "That in women mental disease is often, perhaps generally, dependent upon functional or organic disturbance of the reproductive system.

"That in women the access or exacerbation of mental disease is usually coincident with the catamenial establishment, its periodical access, temporary suppression, or final cessation; and—

"That the rational and successful treatment of mental disease in women must be based upon the preceding theories."

The author endeavors to prove that these theories are well established.

1. By many analogies, physiological and pathological, in the cerebral manifestations of the human female, and of the lower mammals.

2. By clinical observation; and

3. By the results of autopsies of the insane, both in private practice and, where made with equal impartiality, in the insane asylums.

In his indications of treatment, we think that Dr. Storer claims for the legitimate sphere of gynæcological practice too large a proportion of cases of female insanity, yet the subject is one of intrinsic and practical importance, and well worthy more careful investigation.

Shaw's Register and Photographic Case Book. Chicago, Ill.

G. T. SHAW & Co, publishers. 1870.

EVERY physician realizes the importance of keeping a record of interesting cases that occur in his practice; for this purpose we have seen nothing more admirably adapted than the Case Book before us. It is conveniently arranged and substantially bound. We observe a feature peculiar to this Case Book, viz., a photographic department, in which representations of rare cases of disease may be preserved.

EDITORIAL.

TRANSACTIONS OF THE ECLECTIC MEDICAL STATE SOCIETY
FOR 1871.

THE State Printer requires the matter for the forthcoming volume of Transactions of the Eclectic Medical Society of the State of New York at once. Persons completing papers for the work will therefore please transmit their articles at once to the Secretary, Alexander Wilder, No. 222 West 34th street, New York.

Our superior promptness last year created a demand for the volume in many places where, heretofore, Eclectics have been named only with a shrug and a sneer. The Legislature have ordered the following edition for 1871: For Senators, officers and reporters, ten each; for Members of Assembly, officers and reporters, five each; for the Society, 1,500—a smaller number than for last year.

DELEGATES TO THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

THE several State eclectic medical societies hold their annual meetings soon. We wish to impress upon them the importance of appointing delegates to the National Association, which meets in New York on the first Wednesday in October, 1871.

To make this one of the largest and most interesting meetings ever held by our school of practitioners every possible effort should be put forth. We copy that part of the Constitution and By-Laws relating to representation:

“Each State medical society shall be entitled to twenty regular delegates and twenty alternates, who shall cast twenty votes on the election of officers and the selection of the place of holding the annual meeting. On all other questions every delegate has a vote.”

STATES NOT HAVING SOCIETIES.

Another provision covering the above condition provides that where no State society exists, or where organized societies fail to appoint delegates to any meeting of this Association, a number equal to twenty regular and twenty alternate physicians can so represent that State. They, in their delegated capacity, must, of themselves, determine who are the twenty regular and twenty alternates who are to vote, according to the same rules laid down for the government of delegates appointed by State societies.

WAR AND THE CENSUS.

WERE there no other record of our great civil war, the figures of the national census would show that one of the greatest calamities has fallen upon the United States within the last ten years. The aggregate population of the country is as follows :

In 1840	17,069,453
In 1850	23,191,876
In 1860	31,443,321
In 1870	38,312,633

Thus, from 1840 to 1850 the increase in population was 6,122,423, or 35.87 per cent. ; from 1850 to 1860 it was 8,251,445, or 35.58 per cent. But from 1860 to 1870 it was but 6,869,312, or 21.85 per cent.

Now if the natural and regular growth of the nation had not been undisturbed, the rate of increase would have been quite as great since 1860 as before.

At the same rate of increase as that shown by the census of 1860, the population of the United States in 1870 would have been 42,630,854, or 4,318,221 more than it was. Thus the loss of the nation by the war in human lives, actual or potential, was certainly between four and five millions. This loss is made up of several parts ; of which the actual deaths in battle and in camp, and the number of births prevented by the destruction or absence of the young strength of the land are the chief.

THE RELATIONS OF MENTAL AND UTERINE DISEASE.

It has long been a well established fact that there exists between the menstrual function and the mind an unmistakable sympathy and reflex influence, but the important part which this influence plays as an exciting cause of mental disease in woman has not been sufficiently appreciated. Prof. Lewis Mayer, of Berlin, in his report upon "The Relations of the Female Sexual Organs to Mental Disease," a translation of which appears in the *Journal of the Gynecological Society of Boston*, presents some very curious and interesting statistical information, which we will here transcribe :

"The influence of normal menstruation is unmistakable in very many, if not in the majority of insane women. According to Schlägger, in sixty-seven among one hundred women that were mentally affected, there were present the minor disturbances mentioned above,

and in the remaining thirty-three there were undoubtedly traces of actual disease. Insane persons, who were quiet and gentle during the interval, fell into maniacal ravings during the menstrual flow, not unfrequently of an erotic character. The paroxysms of four epileptics were intimately connected with the menstrual period. In the cases of melancholy, with attendant delirium and nymphomania, the later symptoms were more prominent during the catamenia.

"In twenty-two cases with suicidal tendency, seven attempts at self-destruction were made during menstruation. The influence of the catamenia was always manifest in cases of idiocy, as shown by raving, biting, obscenity, and an excessive inclination to masturbate. "Menstrual anomalies," says Esquirol, make up a sixth part of all the causes of female insanity.

"The symptoms which are present in menstrual disturbances, and which may be considered as the consequence of local and general conditions or processes of disease, occur in two principal groups, namely:

"1. Nervous manifestations, etc.

"2. Anomalies of menstruation, which include complete suppression, and irregularities in the quantity, quality and duration of the discharge.

"The important relations of these menstrual phenomena to mental disease will justify the presentation of the results of my own investigations.

"Among six thousand women and girls there were 1,138, or 18.97 per cent. without menstrual anomalies; 4,862, or 81.03 with menstrual anomalies. Among the latter there were 2,676, or 55 per cent. with general disturbances of the nervous system; 2,647, or 54.04 per cent. with menstrual irregularities; 2,205, or 45.07 per cent. with nervous disturbances without menstrual irregularities; 2,185, or 44.09 per cent. with nervous phenomena without menstrual disturbances.

"The influence exerted by different occupations and modes of life upon menstruations is shown by statistics, submitted by Dr. Mayer to the International Medical Congress at Paris in 1867.

"Taking as a basis three thousand cases from the higher and middle classes, and three thousand from the lower and laboring classes, it appears that there were, with menstrual anomalies, in the first, 2,846, or 94.87 per cent.; in the second, 2,016, or 67.02 per cent. With general disturbances of the nervous system, in the first, 1,722, or 54.40 per cent.; in the second, 954, or 31.08 per cent. With irregularities of the menses, in the first, 1,377, or 45.09 per cent.; in the second,

1,270, or 43.33 per cent. With nervous manifestations without menstrual irregularities, in the first, 1,459, or 48.63 per cent.; in the second, 746, or 24.87 per cent. With nervous manifestations with irregularities of the menses, in the first, 1,123, or 32.43 per cent.; in the second, 1,062, or 35.04 per cent.

"These statistics establish the fact that a mode of life, dependent for its maintenance upon manual labor, in which constant activity and physical exercise, combined with a proper simplicity and temperance are practiced, and which has no leisure to notice minor ills, has a tendency to lessen the irritability of the nervous system, and render it less vulnerable, in the same manner as a life that is attended with every luxury, which renders physical exercise less necessary, not only leads to effeminacy, and renders the individual more susceptible to disease, but gives greater significance to apparently lesser ills."

MAKING MERCHANDISE OF SCIENTIFIC HONORS.

THE *Philadelphia Press*, of March 23d, exposes the practice of huckstering in the degrees of D. D., LL. D., and M. D. carried on by the "American University of Philadelphia and Eclectic Medical College of Pennsylvania." The disreputable commerce has been already noticed in THE REVIEW; and the Eclectic Medical Society of the State of New York has adopted resolutions to refuse the usual professional credit to these spurious diplomas. We hold that a degree conferred for money, where there is not due scientific professional knowledge, is a dishonor to the receiver, an imposition on the public and a breach of common morality.

The *Press* says: "First let us explain that, at No. 514 Pine street, there is an institution, or what purports to be one, calling itself the "American University of Philadelphia." The parties who represent, or claim to be this institution, possess, we believe, a regular charter, giving them the right to confer degrees; that, instead of conferring these for merit or honor, they make a traffic of their franchise, is, we think, clearly shown by the correspondence we proceed to give."

The correspondence referred to shows that a considerable business has been already transacted in England, where it is advertised in newspapers and circulars as shamelessly as medicines for obscene purposes, and with an impunity most remarkable.

The writer relates particulars of an interview which he had with

Dr. John Buchanan, the Dean of this "University," and a *quasi* negotiation for the degree of M. D. We quote his words :

"Carefully closing the door of his office he told us that the 'University' could confer the degree of M. D. without the usual preparatory course of lectures. We inquired the price. 'It is customary,' he said, 'for us to furnish the degree, and the gentleman gives us what he thinks proper.' Insisting, as a business man, upon a positive price, the 'Dean' named \$40 as the price at which the coveted sheepskin could be procured."

The museum of the institution is next described, and the assertion made "that no such exhibition would be tolerated in any respectable medical college in the country. It is unnecessary, useless and intended for the enticement of the unwary, the foolish or the decoyed. It is frequented by visitors day and evening, and is the principal local source of revenue to the dean. It is doubtful," the writer adds, "whether the 'University' has any students. None are to be seen." The several so-called 'Faculties' of the institution are named; and the writer remarks: "Many of our readers will recognize the names of those who, when they knew them but a few months since, were honest, worthy mechanics. We are sorry that one printer is among the motley crew. But who would not be a professor, with alphabetic terminals innumerable, when the honor can be procured for from \$15 to \$50?"

It is hoped that the exposure will be continued. The commerce is infamous, and should be put an end to by public indignation, if the administrators of the law take no notice. Similar practices were formerly too common in other States. Long after the demise of the Berkshire Medical College of Massachusetts its diplomas were sold to purchasers.

Private letters from England inform us that another "Medical University" offers degrees to applicants in that country; and the Legislature of New York, for 1871, has passed a bill to incorporate a "Medical University," consisting substantially of the same persons; who, probably, hope thus to secure greater facilities for this traffic, provided Governor Hoffman signs the measure.

EXTRACT OF PINUS CANADENSIS.

In the February number of THE REVIEW we called the favorable attention of our readers to this agent. Since then we have used it quite extensively, and from our own experience in its use, and from the tes-

timony of others who have experimented with it, we are satisfied that it will prove a most valuable addition to our *Materia Medica*.

Several cases of nasal catarrh which proved unusually persistent to the impression of other remedies, as well as one or two cases of ozena, have yielded to its use.

In catarrh we generally prescribe it as follows; Kennedy's Extract of *Pinus Canadensis*, $\bar{\text{ss}}$ j; glycerine, $\bar{\text{ss}}$ ss; water, $\bar{\text{ss}}$ x. Mix. Of this inject, with a nasal syringe, one or two drachms into each nostril, night and morning.

In laryngitis and other affections of the throat, characterized by inflammation of the mucous membrane, we have prescribed the *Pinus Canadensis* as a gargle, with the happiest effects. It soothes the irritability of the congested mucous surfaces, and gives prompt relief. This remedy seems to act in all inflamed conditions of the mucous surfaces very much as the topical application of the *veratrum viride* does in erysipelas and other inflammatory conditions of the surface of the body—reducing the temperature and relieving the congestion.

We believe that this remedy acts as an astringent, tonic and stimulant, and that its specific action is upon the mucous surfaces. It increases the natural nerve force of the parts, and relieves the peculiar congested condition of the blood vessels of the membrane involved. While we have many agents in the *Materia Medica* which possess valuable astringent and stimulant properties, they do not produce the same effect in treating disease, and this difference can only be determined by practical observation.

In leucorrhœa, we have found it a most valuable means of cure. It should be diluted with 10 or 12 parts of water, and used as an injection. In ulcerations of the *os uteri*, it should be applied full strength, with a camel's hair brush.

In many deep seated affections of the throat and lungs, the application of this remedy, by means of a steam or hand atomizer, will be found to be attended with the best results.

We think a more extended use will develop for this agent a wide range of therapeutic properties, and we would be pleased to learn the results of its use in the hands of other members of the profession.

ECLECTICISM IN RHODE ISLAND.

THE eclectic physicians of this State will meet in convention in a few days to form a society. They will appoint delegates to attend the

national meeting in this city in October, 1871. The New York State Society will furnish copies of the late Transactions to the officers of this Society.

"CERTIFICATES OF MEMBERSHIP."

THE certificates of membership which were ordered at the annual meeting of the National Eclectic Medical Association, after having been duly signed and sealed, have been forwarded to the various members. We have received a copy of the lithograph; the design is handsome, and the certificates executed in the highest style of the art.

VAGINAL INJECTING AND SUCTION SYRINGE.

WE invite the attention of the readers of THE REVIEW to a description of Dr. Molesworth's syringe, which will be found in the advertising columns.

This instrument we have examined with some care, and think that it is, as its inventor claims, superior in many respects to all other vaginal syringes.

It certainly combines the desirable requisites of simplicity, convenience for use, and non-liability to get out of repair.

NEWS AND MISCELLANY.

DEATH FROM HYDRATE OF CHLORAL.—A case was reported to the New York Pathological Society of a female, to whom, two days after abortion, thirty grains of chloral was given, followed in half an hour by a second dose. In half an hour from the second dose she died. No symptoms were noticed except coldness of the extremities after the second dose. Decomposition advanced very rapidly, though the weather was extremely cold.

GONORRHOEA CURED IN TWO DAYS.—A writer in the *London Lancet* claims to have cured gonorrhœa and gleet in from two to six days, by injecting a solution of permanganate of potassa, five to ten or fifteen grains to an ounce of water. The injection is to be repeated at least four times a day. It causes no pain or inconvenience.

A LEGAL DEFINITION OF A QUACK.—Some time ago we quoted a decision of the Court of Appeals of New York, to the effect that a

homœopath is not necessarily a quack. We will now add that, by a decision of the Supreme Court of the same State (*Ex parte Paine*, 1 *Hill*, 665), whoever "offers to practice either homœopathy or allopathy, as his patients may wish, is practically a quack in his profession."

We commend this to the consideration of those numerous doctors who "have studied both *schools*, and find good in both," as they delight in informing their patients.—*Med. and Surg. Reporter*.

SANITARY RULES IN SMALL POX.—Small pox is just now on the increase in several of our large cities, and hence it is an appropriate moment to call attention to the following rules drawn up by an English sanitary committee to prevent the spread of this pestilence:

1. The house shall be closed to all intercourse with neighbors, and none of the inmates shall leave the premises without the permission of the medical attendant.
2. Whenever a sheet, towel, handkerchief or any other article of clothing is removed, it shall at once be put into a tub or bucket of water disinfected by chloride of lime, which will be supplied by the inspector.
3. Regularly every day some chloride of lime shall be sprinkled about the room, and the room shall be swept every morning.
4. Whenever the bed pan or other utensil is used a little chloride of lime shall be put into it.
5. Whenever a patient uses a knife, spoon or fork it shall be well washed in hot water.
6. If a garden be attached to the premises a hole shall be dug and the contents of the bed pan or other utensil shall be thrown into it, and then sprinkled over with a little mould.
7. Cleanliness is to be observed as much as possible.
8. No neighbor shall be admitted into the house, nor shall any inmate go into a neighbor's house.
9. All orders for nourishment or medicine for the day shall be given to the inspector when he comes round, and he shall direct his assistants to bring them to each house.
10. Ventilate the room twice or thrice a day, when fine weather, by opening the windows, and leave the patient well covered, to prevent taking a chill.

TESTIMONY OF AN EXPERT ON INSANITY.—We take the following from the *N. Y. Evangelist*: The custom of courts in acquitting criminals on the ground of insanity—although acknowledged to be perfectly sane before and after the crime—has of late years received many sad illustrations, and is also receiving considerable public ventilation at the present time. Dr. Allen, of Memphis, Tennessee, was recently employed to testify as an expert in such a case, and among other things testified as follows:

"I have been a practicing physician for nearly thirty years; I have been for ten years Medical Superintendent of the Kentucky Lunatic Asylum, and during that time had over 2,000 crazy people under my charge. I am here as an expert, and before answering questions would like to say that the more I study the subject of insanity the less I understand it; and, if you ask me where it begins and where it ends, neither I, nor any physician in the world, could tell you; in fact, on occasions like this, lawyers make fools of themselves in trying to make asses of doctors."—*Med. and Surg. Reporter*, April, 1871.

BRANDRETH'S PILLS, which, according to the analysis of Dr. Wittstein, consist of resin of podophyllum, pokeberry juice, saffron, cloves and oil of peppermint, are said to have netted the proprietor nearly \$2,000,000—a fact which is announced by an exchange under the appropriate heading of "Pillage." Among other nostrums, of which the formulæ are given in Wittstein's *Taschenbuch der Geheimmittel-lehre*, are the following, largely advertised in America, which we find quoted in the *American Journal of Pharmacy*:

Holloway's Pills are composed of aloe, myrrh and saffron.

Morrison's Pills, 2½ grains each, consist of aloe, cream of tartar and colocynth; another kind contains the same ingredients, besides gamboge.

Radway's Ready Relief, according to Peckolt, is an ethereal tincture of capsicum, with alcohol and camphor.

Radway's Renovating Resolvent, a vinous tincture of ginger and cardamom, sweetened with sugar. (Hager and Jacobsen.)—*Medical Gazette*.

THE SURGICAL RECORDS OF THE LATE AMERICAN WAR.—In regard to the medical and surgical history of the late war, the Surgeon-General says that the printing of the first volume is near completion; and he adds: "The whole of the MS for the second volume of the first part of the Medical and Surgical History of the War, authorized by the Act of Congress, approved March 3d, 1869, is now prepared. The history of typical cases (with illustrative woodcuts and lithographs) of 29,572 cases of amputations and 4,775 excisions, are nearly perfected. The authentication of the just claims of applicants, under the Act of Congress authorizing the issue of artificial limbs to mutilated soldiers and seamen, has brought large numbers of pensioners to Washington, and enabled the surgeons to study the remote effects of injuries and mutilations. The abstract of cases are invariably traced to the date of publication." It would be difficult to overestimate the value which the data of the late war have acquired in consequence of the measures taken to trace the ulterior results of the more important cases. In the reports of the surgery of European wars, and of the campaigns in India, Abyssinia and elsewhere, the history of the case terminates when the men are invalided or discharged. All we can say is the American Government and the medical service deserve infinite credit for their great undertaking, which, when completed, will prove a mine of information for medical officers everywhere, and a monument of labor and energy.—*London Lancet*.

TO PREVENT PITTING IN SMALL POX.—In a case we recently treated, in which the eruption so completely covered the face that it was almost impossible to place the point of the finger on it without touching it in one or more places, we succeeded in absorbing the "pocks" completely by anointing the face with a solution of carbolic acid ℥j., and soda bisulph. ʒij., in an ounce of pure, fresh glycerine, and causing each vesicle, as soon as formed, to be punctured with a finely pointed hard wood, and some of the solution introduced. At the same time light

was excluded, as far as possible, from the room, and a liniment of croton oil over the chest as a revulsive. Not a "pit" was formed on the face.—*Medical Archives.*

INEBRIATION HEREDITARY.—Dr. Turner's "Second Annual Report of the State Inebriate Asylum," states out of 1,406 cases of delirium tremens which have come under his observation, 680 had an inebriate parent or grandparent, or both. He believes if the history of each patient's ancestors were known, it would be found that eight out of ten of them were free users of alcoholic liquor.—*Med. Record.*

HYDRATE OF CHLORAL.—We called attention to the various "syrops," "solutions," and "elixirs" of chloral, some months since, and stated that hydrate of chloral underwent spontaneous change from being kept in any liquid form, and consequently all these mixtures were inert or injurious. The *pure crystals* are the only form in which it should be kept, and from these physicians can make their own combinations for the use of their patients. Large quantities of the crystals are sold which are *very impure*, and, in response to Dr. Chesney's suggestion, we would state that when a fragment of pure hydrate of chloral is placed in a test tube or wine glass with a little water, and a few drops of liquor potassæ allowed to fall upon it, no discoloration takes place, and there is evolution of pure chloroform, which can be detected by the odor. If the specimen experimented with is *impure*, a *dark or brown* reaction will result, and the odor evolved will be unpleasant. In this way a certain class of common impurities may be detected.—*Boston Jour. of Chem.*

"FIR KRAMPS."—Here is a prescription written by a New York "fasition," and which is vouched for by the *Sun* as genuine:

R. Fir Kramps.

Tinct. Kamfire, won ounce.

Tinct. Lodenum, a little.

Tinct. Hot Drops, a few drops.

Tinct. Kyan peper, 5 cents worth.

Kloreform, a little, but not much, as it is a dangerous medicine.

IMPORTANT STATISTICS.—Statistics read at the Prison Reform Congress, held in Cincinnati in October, 1870, of 100,058 prisoners from fifteen prisons, show that 85 per cent. were laborers and servants, only 16 per cent. artisans, less than two per cent. loafers, and only 874 out of the whole number from the educated professions. The lesson of this is, put children to a trade. The statistics of reading and writing do not show any such safeguard against crime as those of industrious occupation. These showed but 27 per cent. not able to read. Mere reading and writing cannot be any prevention of crime, nor can any mere schooling, where moral training is lacking and where no capacities or habits of labor are formed.

THE SEWING MACHINE IN REGARD TO HEALTH.—Some months ago we published the results of observations made by M. Ducaisne, of

Paris, on six hundred and sixty-one workwomen, going to show that certain grave charges against the sewing machine could not be sustained by facts. The *Medical Press and Circular*, of London, supports the conclusions of M. Ducaisne, by testimony received from manufacturing districts in England, showing that women who work at the sewing machine suffer no more than others pursuing a sedentary occupation, and not so much as those who labor in cotton mills and weaving establishments.—*Pacific Med. and Surg. Journal*.

THE Cincinnati *Lancet and Observer* says of Dr. Landon C. Rives, who died June 3, 1870, in that city, at the age of eighty years: "He was one of the great professional men of his time. He came from Philadelphia, where he studied medicine, to this city in 1830, and practiced up to 1857, when he retired from active life.

"He was one of the faculty in the Cincinnati College with Drs. Drake, Gross, Parker, Rogers, Harrison and McDowell, the most able and reputable association of medical professors the West ever had, and he stood with them and maintained his position with uniform honor and ability.

"Of that faculty there are only two now living, Drs. Gross and Parker. Dr. Rives subsequently occupied a chair in the Medical College of Ohio, and was distinguished for a large sympathy with the young men in the profession of medicine."

TO CORRECT FETID EXPECTORATION.—R. Acidi carbolici, gr. xl. Aquæ, oz. viij. Mix. Give a tablespoonful every two or three hours. Or, R. Creasoti gtt. xx. Acid. sulph. arom., dr. j. Aquæ, oz. viij. M. Give in the same way. Or, R. Potassæ per mang. gr. viij. Aquæ, oz. viij. M. Same directions. The last prescription is reputed to be much the best.

JAMES COPELAND, M. D., F. R. S., whose name is creditably associated with the "Dictionary of Medicine," died in July, in his seventy-ninth year.

THE oldest practicing physician in America is Dr. Theophilus Clark, of Tenmouth, Vermont. He is ninety-eight years of age, has been practicing continuously sixty-six years, is hale and hearty, and has no thought of giving up business yet.

LAUDANUM DRINKING.—The Philadelphia *Medical and Surgical Reporter* refers to a lady in Baltimore who has consumed 5,840 ounces of laudanum in the last two years. That is an average of half a pint a day.

OPIMUM EATING.—Fifty-one dollars were paid for opium for one pauper on the St. Johnsbury (Vt.) Poor Farm last year.

A WARNING.—Several cases of poisoning by chloral hydrate have been mentioned. They were people who took the drug without the directions of medical men.—*Medical Press and Circular*.

MANAGEMENT OF SCABIES.—Dr. M'Call Anderson (*Richardson's Hand-Book of Microscopy*) greatly prefers in the treatment of scabies,

in private practice, the following formula: \mathcal{R} . *Styracis liquidi*, \mathfrak{z} j.; *adipis*, \mathfrak{z} ij. Melt and strain. This is a clean looking ointment, has a pleasant aroma, kills the acari, and does not irritate the skin in the least, but, on the contrary, rather soothes it.

MR. PAGET'S HEALTH.—It is no secret, in London professional circles at least, that for some weeks Mr. Paget has been *hors de combat*, and even in a somewhat critical condition of health, the result of an inoculation with poisonous matter from a post-mortem examination. We regret to hear that abscesses, both in the shoulder and loins, have greatly reduced the strength of Mr. Paget; and that he is now suffering from an erratic erysipelas of a low type, under which his strength has not as yet enabled him to rally satisfactorily.—*Lancet*.

AN ANECDOTE OF A NEW ENGLAND PHYSICIAN.—Old Dr. Stearns, of New London, Ct., in his latter years kept a drug store. A gentleman one day purchased a cigar of the doctor, and lighting it began to smoke. "Please do not smoke in the store," said Dr. S., politely, "it is against our rule." "But you *sell* cigars," rejoined the gentleman—"sell them to smoke, don't you?" "Yes, sir, we sell cigars," replied the doctor a little sharply, "and we *sell* *physic*; but we don't allow it to operate in the store."

IODIDE OF IRON AS A REMEDY IN INCONTINENCE OF URINE.—In the *Medical Times and Gazette* of December 17, Dr. John Barclay, after a very long list of the "constitutional, moral, mechanical, and specific" remedies and methods of treatment in this disease, says, "I have tried several of the above remedies, and, before I stumbled upon the syrup of the iodide of iron, found atropia or belladonna by far the most certain and trustworthy. Tincture of iron is much employed; but after frequent and persevering trials with it I have been always disappointed. During the past two and a half years twenty cases of incontinence of urine have been treated by me. The medicine invariably prescribed has been syrup of the iodide of iron alone, and, so far as I know, there have been no failures. I have notes of all the cases, but only eleven in the completed state, since the other nine, who came from a distance, did not return to say what was the result. The probability is that they were cured, otherwise they would not have been got rid of so easily. At all events, the eleven who did report themselves, or who were continually under observation, were all cured—the improvement in several of the cases following so closely upon the administration of the remedy as to leave no doubt that the good effect was due to the syrup. Dr. Manson, of Banff, and Dr. Smith, of Kinnairdy, have both found the medicine equally satisfactory. Dr. Smith says that he tried it, only a fortnight ago, on a boy, who for a long time had been a sad martyr both to diurnal and nocturnal incontinence, and who had resisted all other remedies, but who, upon giving him the iodide, was in two or three days almost well." The doses given were from fifteen minims to half a fluidrachm three times a day, according to age.

AMERICAN
ECLECTIC MEDICAL REVIEW;
A Monthly Record of Medicine
AND
THE COLLATERAL SCIENCES.

VOL. VI.

JUNE, 1871.

No. 12.

ORIGINAL COMMUNICATIONS.

DEFEAT OF THE MEDICAL PROSCRIPTIONISTS.

BY ALEXANDER WILDER, M. D.

"Thou art our Father, though Abraham be ignorant of us, and though Israel acknowledge us not."

THE readers of the REVIEW are generally aware that Doctor Henry Van Aernam, United States Commissioner of Pensions, under the pretext of "simplifying and rendering more uniform the medical action of that Bureau," and acting at the suggestion of the Surgeon-General and one or two others, undertook last year to remove all the surgeons on the roll except "regular practitioners." It appears that there were 1,350 surgeons holding appointment, of whom 38 were thus open to assault. These do not appear to have created any confusion in the business of the bureau, or to have been disqualified so far as professional ability was concerned. But the medical hierarchy of the country, claiming greater infallibility than the Pope himself, and more saturated with the virus of persecution than Mary of England or Nero of Rome, had determined that every man not pronouncing their Shibboleth with a *shin* instead of a *samek* should be ostracized. Dr. Van Aernam consented to act in obedience to their dictum, and began by removing Dr. Stillman Spooner, of Oneida in this State—a homœopathist. The Homœopathic State Medical Society immediately prepared to resist the aggression, and a deputation was appointed to lay the subject before

the President of the United States. The Eclectic State Society in turn appointed a like deputation, consisting of Doctors Alexander Wilder, M. M. Fenner and J. Edwin Danelson. Doctor Van Aernam was notified to resign, and Dr. Baker appointed in his place.

This is a victory over Old School intolerance and bigotry and a triumph for reformed medicine, at which all lovers of medical progress have a right to rejoice.

In the District of Columbia is a medical society which often assumes to pass judgment upon questions of ethics, morals and professional etiquette. It has, we believe, attempted to aid in the crusade against women as practitioners. There is no doubt that it is "eminently conservative," emulating the veriest hunkers and fogies that ever found themselves aroused from a Rip Van Winkle sleep, and half a century behind the age.

Some little time ago this society appointed a committee, consisting of Doctors Thomas Antisell, Thomas Miller, Louis Mack and J. M. Toner, to consider "the claims of homœopaths and other irregular practitioners for professional recognition in the medical service of the United States Government," and the charges against Dr. Van Aernam. Their published report is a labored endeavor to show that such claims are unfounded.

The report asserts that in the Pension Bureau the medical qualifications of pension surgeons were wholly lost sight of, and that Commissioner Van Aernam found all degrees of medical standing, all classes of practitioners, regular and irregular, on the rolls—"eclectics and Thompsonians, Indian doctors, herbalists, hydropaths, homœopaths and abortionists, according to their own written statement." The entire number of these "irregular practitioners" thus extremely classified was 38. It is unnecessary to dispute this assertion of the report; it contained a palpable falsehood, apparent on its face.

The report cites courts of law as regulating the practice of the Bar, and remarking that "in Episcopal religions the bishops give the formula, and the minister who disputes or practically differs is disrobed," draws the conclusion that "the only governing body in medicine in this country is the American Medical Association, the representative organ of the whole regular profession." Such

is the logic which these men, aspiring to be prelates and dictators in medical matters, employ to overrule and browbeat all who differ from them.

In the United States no such arbitrary or pontifical authority is recognized. Episcopal bishops here may have authority over their own members and clergy, but they have no right to prescribe a ritual, creed, or formula for the government of the people of the country. The whole genius of Protestantism is against such assumption, and Congregationalism in the United States is an abiding proof that the people will tolerate no such endeavor to dominate the conscience of men. The American Medical Association, when declaring itself to be "the only governing body in medicine," is guilty of an attempt at usurpation which will and ought always to be resisted, even to the ultimate argument. No code, no statute, no binding rule whatever, has conferred on it any such authority; and the fate of Archbishop Laud, as well as of the rule of George III in America, ought to suggest very forcibly that the assumption will not be acquiesced in or tolerated among a free people. A pope, an autocrat, or a Council of Ten, is just as legitimate here as a "governing body in medicine" which aspires to rule outside of its own professional circle.

The report finally includes all the claims which it makes in the following syllabus:

"The power of our profession over the entire public rests not on jealousy and illiberality, nor on numbers, but on a consciousness in that public that we represent the progress of medicine from apostolic times in continuous succession, from which all smaller sects of practitioners are offshoots, fostered by ambition, vanity, and continued by obliquity of intellect or sordid self-interest; that regular medicine rests not on the dogma of a single teacher, which may be modified to suit the knowledge of the present day, but upon an humble, truthful and world-wide observation of the laws of nature, verified and proved, and made manifest over and over, until he that runs may read—and changing, altering and improving its practice in accordance with the lights of all the sciences. If this be so—and the experience not only of this country but of Europe and the civilized world proves it, since everywhere, almost without exception, regular medicine is entrusted with important governmental medical offices and support—then is the reason evident that regular medicine only should be called in to serve the Government, and that homœopathy or other

irregular sects in medicine, no matter how numerous or influential, politically or otherwise, they may be, should not be represented in such situations."

If this proposition, which cannot be sustained, means anything beyond a flourish of words, it is an assertion that there is an "apostolic succession" in medicine similar to that claimed in the Catholic and Episcopal churches, and that, therefore, all schools but one are sectarian and heretical. Indeed, take this whole paragraph, and substitute the word "church" for "medicine," and it would be as perfect a declaration of the papal or ecclesiastical authority as language can make. Those differing from the self-styled regular practitioners are treated as superciliously as ever a Luther, a Knox or a Bunyan was ever treated by a prelate. And certainly the experience of Europe may as well be cited in the theological as in the medical world. "The high priest and all they that were with him, which is of the sect of the Sadducees," were equally authorized to assure us that they "represented the progress of the religion from patriarchal times in continuous succession, from which Pharisees, Christians, Nazarenes, and all smaller sects of heretics were offshoots, fostered by ambition, vanity, and continued by obliquity of intellect or sordid self-interest; that orthodox religion rests not on the dogma of a single teacher like Jesus, which may be modified to suit the ideas of the present day;" that "regular Sadducean orthodoxy only should be called in to serve the Government, fill the high priest's office, etc., and that Phariseism, Essenism, Christianity, or other irregular sects in religion, no matter how numerous or influential, political or otherwise, it may be, should not be represented in such situations." There is but one legitimate sequence to such logic, and it is found in the Acts of the Apostles, v. 18. "They laid their hands on the apostles and put them in the common prison." Indeed this is the animus of the report, as it is the spirit that inspires the men who sustain the "Code of Medical Ethics." Fifty years ago they caused all physicians who differed from them to be persecuted, imprisoned, and even arraigned for felonies; but now having, like "Giant Pope," lost their power in that direction, they signify their malice by railing, imprecations, and the persistent endeavor to prevent men refus-

ing to swear allegiance to them, however able, intelligent and conscientious, from holding positions of trust under the Government, which is the common servant of all citizens.

But the dark ages have passed. Doctor Antisell and his colleagues have not succeeded in reviving them. Doctor Van Aernam is superseded, and men breathe more freely. We are not living in Venice, nor under a Borgia or an autocrat. The National Medical Association is emasculated of its power and influence, and all good citizens rejoice. We are republicans in our medical practice as well as in our political ethics. So may it always be.

POISONING FROM DEAD ANIMALS.

BY A. W. RUSSELL, M. D.

THIS report is made with the twofold purpose to elicit discussion, in the hope that whatever errors occurred in the treatment may be brought to light; and secondly that those practitioners who are familiar with cases of the class here described may be called out and induced to present us with a mode of treating them better and more successful. It is due to myself to remark that, although I have been engaged in the practice of medicine for almost thirty years, I was never before called upon to prescribe in a like instance.

Charles Ostrander, of Greenbush, Rensselaer County, by occupation a farmer, died August 26th, 1868, from the effects of virus absorbed into his system while taking the skin off a cow, dead from a malignant disease then prevalent. I was his medical adviser, and gave him the best care and attention in my power, without encouragement of success. I propose now to give a full statement of the case and treatment.

It so happened, while I was attending him, a similar case occurred, which terminated fatally within a briefer period. Mr. Smith, a near neighbor of Mr. Ostrander, while milking his cows one Sabbath evening, observed one of them very sick; she died in about twenty minutes. Mr. Smith was desirous to ascertain the cause of so sudden a death, and proceeded without

delay to an examination of the stomach of the animal. In doing this he accidentally inflicted a severe wound on his left hand with the large butcher's knife which he was using; unfavorable symptoms followed, and the next day he placed himself under treatment at the Albany Hospital. He remained there three days only. He failed rapidly all the time and was removed home on Thursday morning.

On the evening of that day I was requested to see him. I found him upon a lounge. The left arm was highly inflamed and swollen. He experienced no pain in it, but complained of "a great weight and aching" through his whole system. I considered him to be beyond helping, and merely made a prescription to alleviate the suffering.

On Friday the whole arm, shoulder and side of the body were involved, and the œdema extended nearly across the breast to the right shoulder. On Saturday the right shoulder and arm had also become swollen like the other, when I was first called, while the parts originally affected were more inflamed than ever, and were covered with numerous spots of gangrene. It was apparent to all that he was rapidly failing, both physically and mentally. He died on the ensuing morning—death having done its work in less than one week.

My treatment consisted in the use of stimulants, tonics and antiseptics.

Mr. Ostrander's case I am able to present more fully. It was about the same period with the other, and I visited both at one time.

Thursday, July 30, 1868, the weather being intensely hot, Mr. Ostrander performed the work of skinning the dead cow that he had lost from cattle disease, with both arms bared. He allowed the hide, as he was removing it, to lie over the left arm; and when he had finished he observed a peculiar appearance of the surface—it had become; to use his own expression, "parboiled." He apprehended no trouble from it, however, although, having lost several animals previously from the same disease, several of his neighbors had warned him of the danger that he was incurring. He was actively engaged in the milk business, and for two or three days thought the matter required no attention.

But there had been several places on his arm at the time referred to which had been abraded for two or three days. He noticed a peculiar sensation there, which he attributed to a cold contracted from working in the water and getting wet, and considered it not necessary to ask surgical advice.

August 7.—On rising in the morning Mr. Ostrander observed that the arm was slightly swollen, and an inflammation around the spots where the skin had been abraded. He immediately waited upon his family physician in Albany, and also visited several other practitioners. They all answered him that there was no danger of serious results. For a little while his anxiety was somewhat relieved.

About three o'clock the same afternoon, observing that the arm seemed to be growing worse, he visited me for advice. I made a careful examination of the case, with all the symptoms and circumstances, and at once perceived that it was a case of poisoning by absorption. I apprised him of this, and lost no time in giving him full directions for taking care of himself, as well as the necessary medicines to be used till the next day. If the symptoms then had not decidedly improved I was to be sent for without delay.

August 8.—Friday morning came, and a messenger informed me that Mr. Ostrander felt better, but desired to see me at his house. He was comfortable, but there was no real improvement of the symptoms. The swelling and inflammation in the arm had not diminished, although he had, conformably to directions, used freely upon it the tincture of *veratrum viride*, and taken moderate cathartics, relaxants and mild stimulants internally. It was clear that the case was one of no ordinary moment. One week (nine days) had passed since the inoculation, and a plan of action must be adopted at once and to the point.

The first thing to be done was to prevent, as far as possible, the further dissemination of the poison through the body; the next object was to eliminate and neutralize what had been already diffused, and to obviate extensive mortification and sloughing of the arm and hand—of which there was great likelihood. It was especially requisite to sustain the strength of the

patient, so that he might not be exhausted by the suffering and other untoward conditions incident to the ulcerative process. I directed my treatment accordingly to accomplish these indications.

From the second or third day afterwards charcoal and manganese, pulverized, were administered freely every two hours, generally in brandy or whiskey. About the fifth day the arm and hand were swollen so that the skin seemed likely to burst. In order to enable the poisonous matter to escape as speedily as possible four or five longitudinal incisions were made from the elbow to the hand, taking great care not to wound the muscular tissue.

The swelling and inflammation continued steadily to increase. The eighth day it had reached the shoulder and side. On the ninth the arm was enormously swollen and painful. On the tenth a soft tumefaction appeared on the elbow; it was opened, and discharged about a gill in quantity of yellowish fluid. This discharge, and free application of the tincture of *veratrum viride* to the side and shoulder, seemed to reduce the swelling and inflammation, and on the eleventh day the upper part of the arm above the elbow was again at its natural size. On the twelfth day all the symptoms seemed to be greatly improved.

For about a week the patient continued to rally; his strength increased; his appetite was good; the bowels and kidneys regular, and sleep but slightly disturbed; yet he continued to be somewhat nervous; the arm remained swollen, and a tendency to gangrene gradually increased, from day to day, as was evinced by the general appearance and steady losing of sensation. Two points had apparently been accomplished, as I had sought—the prevention of further dissemination of the poisonous virus, and the neutralizing of what had been already absorbed. We had also succeeded very well for several days in our endeavor to sustain the strength during the ulcerative process in the forearm and hand. Then, however, mortification and sloughing became extensive. The *foetor* was almost unendurable. The patient's strength now failed rapidly. *Œdema* of the feet and legs, with pock-like eruptions upon them, showed unequivocally that life was assailed at its citadel and poisoned at its fountains. The

absorption from the arm was decomposing the blood all through the body, and death was rapidly hastening.

The treatment consisted of tonics, stimulants, antiseptics and nervines. For the first I employed Peruvian bark and *hydrastis canadensis*. The stimulants were brandy, whiskey, ammonia and capsicum; and the antiseptics, yeast and charcoal, very freely used, baptisia, etc. External applications were almost continually made, and other remedies for the fever and other incidental symptoms were used as the case indicated.

The death of Mr. Ostrander took place on the 25th day of August—twenty-seven days after the first absorption of the deadly virus.

ALBANY, N. Y.

SUPPRESSED LOCHIÆ.—A CASE IN PRACTICE.

BY MRS. M. B. HAYDEN, M. D.

JANUARY 20th, 1869, I was called at four o'clock in the morning to attend Mrs. K. On arriving at the door of a handsome residence in West — street, New York city, my attention was attracted by loud moans. They proceeded from the second story front room, where, on arriving, I was greeted by the exclamation: "Oh, doctor, I am so glad to see you; I have been in such agony all night!" I discovered lying in bed a very thin, delicate woman, of about thirty-two years of age.

Upon a hasty examination the pulse indicated ~~one~~ hundred and twenty to the minute; the countenance was flushed and anxious. She was suffering from what I discovered to be retained lochiæ.

She had been delivered of her third child by Dr. R. on the 4th of January—sixteen days previously. The labor was natural, but rather long, and had exhausted her very much.

The after pains being excruciatingly severe, she had, the next day after her delivery, begged of her physician to give her something to relieve her, which he did. It had not only relieved the pain but stopped the entire discharge. He had repeatedly tried to bring it on again, but had failed; he had used poultices, bathed the abdomen frequently with spirits of turpen-

tine, and also had given her internally spirits of ammonia, laudanum, castor oil and spirits of turpentine. She had continued to increase in size till she was much larger than previous to her confinement, and the pain from the tension and tenderness of the surface of the abdomen had become unbearable. She was certain that unless something was done to relieve her she could not live, and that her physician could not help her; indeed, he had said so.

Upon a more careful examination I found her condition to be exactly as she had stated. Her abdomen was enormously enlarged and very tender to the touch; the entire surface was covered with cloths wet in spirits of turpentine, over which was oiled silk. I immediately ordered a cataplasm of slippery elm, as warm as could be borne, placed over the entire abdomen, at the same time administering the following prescription:

℞. Viburni comp. (Hayden's Saturate)...grs. ix.
 Dioscoreæ villosæ.....grs. xxx.
 Aquæ bullientis.....℥j.

This I repeated every fifteen to twenty minutes, and in addition gave five to seven drop doses of Magendie's solution of morphia once an hour. This treatment had the effect of relieving her, and in about two hours she went to sleep for the first time in four days.

About three hours after, on awakening, she complained greatly of the tenderness of the abdomen, and weight of the poultice as being almost unendurable. I continued the treatment, however, during the day, but substituted tincture of gelseminum, in two drop doses, for the morphia, which she was unable to take on account of its unpleasant effect in her head. On my return to her bedside, at four in the afternoon, I found but little change in her condition since the morning; her pulse was reduced to one hundred and ten, and the pain was less acute, but she was very nervous and restless, and complained of a smarting, prickling sensation of the outer surface of the abdomen. There was also a decided spasmodic contraction of the cervix uteri, and I determined on the application of injections of warm water—administering them for twenty minutes to half an hour. This relieved her very much, and during the application

she went to sleep. An hour afterward, as we were again applying the warm water, she cried out, joyously: "Oh! something has broken away, and I feel better; I am flowing." It proved, however, to be a dark, offensive, viscous fluid, in quantity at least from six to eight quarts. She continued to discharge this fluid for some five hours; during which time I gave her port wine freely, covered the abdomen with cloths wet in spirits of ammonia and alcohol, equal parts, and double the quantity of water; I also gave her ten drops each of saturate of helonias dioicea, cinchona and scutellaria once an hour; banded her well; and at midnight, when I left her, she was comfortable.

On making my call the next morning I found her condition greatly improved; she had had slight uterine contractions all night—which I considered favorable. The recovery was very rapid for about ten days; at which period, getting out of bed against my directions, she took cold, causing a second check of the lochial discharge.

This condition continued, without my knowledge, for some three or four days, when I was again called, and found her suffering from a relapse. Upon the renewal of the former treatment—the injections—in less than an hour she was relieved, having discharged about a quart of offensive fluid.

Her recovery was slow. In about five weeks she was able to be about her room—weak, but apparently better than she had been for a long time previous.

I have not been called to attend her since, except when she was delivered of a fine healthy boy in October last.

64 IRVING PLACE, N. Y.

PERTUSSIS.

BY HARMON PEASE, M. D.

Reported at the Annual Meeting of the Eclectic Medical Society of the State of New York, January 26, 1871, by Harmon Pease, M. D., Schenectady, N. Y.

AMONG the many diseases to which children are subject there has been none more difficult to manage than pertussis, or whoop-

ing cough. This ought not to be, for its pathology is well understood. We know that it is produced by contagion, and its presence is characterized by the secretion of viscid matter or phlegm within the bronchial tubes, trachea and fauces, which is expectorated with great difficulty. Hence it has been treated from time immemorial with emetics, astringents and expectorants; and, to cap the climax, among the Old School profession the general opinion is that it must run its course. There appears to be no difference of opinion between us and them in regard to the cause or symptoms; all are well defined and unmistakable; but to the usual treatment we must take exceptions.

Pathologically considered, we find the facts to be as above stated, the bronchi, trachea and fauces affected with a specific poison, which produces a local inflammation, the effect of which is to cause the secretion of a glary, tenacious and viscid phlegm from its membranes. Expectorants increase secretion, and, if too long continued, must weaken the organs from which come the fluids—on the same principle as the action of a poultice, if too long continued, will resolve and destroy the surrounding integuments.

Among the various symptoms of pertussis we also find an unequal circulation produced by its convulsive and spasmodic action. Now, what shall constitute the natural treatment? If we understand the cause to be a poison of a specific nature located upon the organs affected, then our course of treatment is plain. Who would for a moment think of giving ipecacuanha, squills or other expectorants, in a case of diphtheria, which is well known to be the result of a specific poison, requiring at our hands the most powerful disinfectant and antiseptic remedies. It must be similar in the treatment of whooping cough.

To be successful we should use remedies that will meet the cause and neutralize the local poison, otherwise we will not succeed.

The following course of treatment I have found to be the most successful in whooping cough:

R. Carbolate of glycerine,
Acetic acid,
Laudanumaa. ʒj.
Water..... ʒiij.

To a child give from half to one or two teaspoonfuls at a dose, according to age, every three hours. This remedy will not only lessen the fever and neutralize the poison, but will check the accumulation of phlegm in the fauces, consequently moderating the frequency and severity of the cough. I also apply spirits of turpentine to the throat at least twice a day. The nervous system should not be overlooked. In whooping cough, as well as in epileptic fits, the bromide of potassium will be a most potent remedy to overcome the convulsive and spasmodic action; add two drachms to four ounces of water, and administer for a dose one teaspoonful three times daily. The physician should be the judge when cathartic medicine is necessary, and if such is required, Husband's magnesia, combined with citric acid or lemon juice, is pleasant and effective.

This mode of managing whooping cough has proved in my hands more successful than all other treatment combined, relieving the sufferer in a short space of time, and when continued, completing the cure sooner than any other method yet known.

SUCCESSFUL TREATMENT OF STRICTURE.—A CASE IN PRACTICE.

BY H. E. FINKLE, M. D.

THE patient was a German, married, and in his seventieth year. He had been troubled for two years with difficult micturition, which had finally resulted in a stricture of the urethra, just in front of the prostate gland; there was an entire suppression of the flow of urine, which had continued eighteen hours, when I made my first visit. I immediately administered an emetic of lobelia, in infusion, in the hope that it would relax the tension of the whole system, and so remove the difficulty without requiring further medication or the use of the catheter, but in this I was disappointed. Two hours afterward the instrument was introduced and about three pints of urine obtained.

Perceiving what I had to deal with I now resolved upon a

thorough course of treatment. For an alterative I prescribed two grains of podophyllin daily, for three successive days, and subsequently for only every third day. I also administered the following febrifuge :

R. Lobeliæ inflatæ..... 3 iv.
Veratri viridis.....
Cypripedii pubescentis..... aa 3 j.

Dose, one or two grains every two hours.

For a diuretic I administered two grains of the gum of the *pinus canadensis* every eight hours, also an infusion of Cleaver's buchu and slippery elm. Hot fomentations were applied, and enemas administered of lobelia and bayberry bark.

This treatment was continued for a week—the catheter being employed twice a day. The patient was now convalescent, except in the matter of the stricture. The treatment was changed, and oil of erigeron given, in doses of three to five drops, every two hours; also doses of hydrastis, to improve digestion and relieve irritation of the mucous membranes. The podophyllin and febrifuge powders were continued, as at first.

At the end of the second week I resolved upon local treatment, and prepared the following infusion;

R. Lobeliæ inflatæ foliarum..... grs. j.
Hydrastis canadensis, rad..... grs ij.
Aquæ bullientis..... q. s.

I inject twice daily into the urethra before introducing the catheter. Balsam of copaiba was administered, three to five drops every two hours; also, the patient was directed to drink freely of flaxseed tea. The first endeavors at injection were not very successful, but perseverance overcame the obstacles, and the patient was discharged at the end of the third week, cured.

I regard the success in this case to be due entirely to the local application of lobelia and hydrastis. Neither the febrifuge powder, the fomentations nor enemas were of special service, and the catheter was of no service in removing the stricture.

PERISCOPE.

Another Display of Bigotry by the Washington Medical Profession.

WASHINGTON, May 24, 1871.—The Medical Association of the District of Columbia, which has long been famous for its intolerance, has just signalized itself by a new exhibition of bigotry. The Association includes almost every physician of the Old School who has a regular standing in the District, and thus makes the profession practically a close corporation. The members are forbidden, on pain of expulsion, to consult in any way with a physician who is not a member, or to recognize such a person as a reputable practitioner. This absurd rule was brought up on Thursday, at a special meeting of the Association, and an attempt was made by Drs. Howard and Morgan to have it repealed. Their motions were defeated on points of order. Two respectable physicians of the District, Drs. A. J. Augusta and C. C. Cox, were then proposed for membership and rejected. The offence of Dr. Augusta is that he is a well educated colored man. Dr. Cox's crime is that he is a member of the Health Board, of which Dr. Verdi, a distinguished homœopath, is also a member. The Board includes lay officials, but the Association chooses to construe Dr. Cox's acceptance of a place on the Board as equivalent to consultation with Dr. Verdi.

Women as Medical Students in the Medical Department of the State University of Iowa.

WE copy from the *Reporter* the following testimony from Dr. J. P. Farnsworth, in regard to the practical workings of the system adapted by the Iowa University.—[ED. REVIEW.]

The Medical Department of the State University of Iowa was open, last fall, and by law opened to students of both sexes. All the other departments of the University are open to women, and the classical and scientific departments have a large number of women among them. They have passed up from the district and graded school, in mixed classes, to the University, and there is no novelty in the situation; so there was nothing very strange in a class of young men and young women going to the medical department.

The medical faculty were mostly new men, and the sight of eight ladies in a class of thirty-eight was a novelty to them, and, with their early education and prejudices, they were predisposed to look unfavorably on the prospect. The matter

was considered and it was decided to accept the situation, to be gentlemanly, and to enforce gentlemanly and civil conduct on the part of the students, and to make no variation in word or look, no matter what the subject was or the occasion. The course went on.

Anatomy, surgery and physiology, and the other branches, came on in their regular order. Science is above vulgarity or prudishness. The women were ladies of refinement and cultivation as much as any in the State; the young men behaved with the same decorum that young gentlemen should in any school, and in a little time the professors had overcome the temptation to get off coarse jokes, or by word or look to intimate anything that was not warranted by science.

The benefit was mutual; the boys behaved themselves better than medical students generally do, both in and out of the lecture room; the professors were more earnest and decorous than many medical professors are, and the women were earnest and self-reliant, without losing or compromising any womanly modesty or delicacy. Some discrimination was used in clinics, and visitors were, to a certain extent, excluded.

The dissecting rooms were separated by a hall, and were under the charge of a careful janitor and demonstrator. Work had progressed but a little way before the women petitioned to occupy the common room, as it was pleasanter, and more instruction could be given. A little later, having an extra subject, for which there was no class, one was formed of three young men and two women. The dissecting room was the most quiet and orderly one ever seen.

We may add that the women were generally as good students as any in the class, and could have passed as good an examination at the end of the term as any in the class. In one or two instances the physical force was not sufficient to do all the work required, and here, in this plan, is where the failure comes, and is one of the results that must often follow.

The noticeable difference in regard to the medical department over other medical schools was the better behavior of the boys, and absence of rowdyism and boorishness, that is considered almost a necessary accompaniment of a collection of medical students.

One experiment does not prove a rule, but this has been so satisfactory that we have every reason to expect it to be successful in the future.

The objections to mixed medical classes are inherent in the customs and habits of old schools, rather than in the question itself. The traditional rudeness and clownishness of medical

men in their pupilage, which is handed down to them, and the coarse language and smutty stories of many of our best teachers, are subjects that could be reformed with much benefit to the profession, but are difficult to reform in old institutions, but need not come into a new institution, and does more to settle the question than any other argument.

Whether women have the physical or mental power to study medicine and practice it by the side of men is a question that they must work out; but that there is any objection to their having a fair open field to try it in, or that it will injure the profession or the sex, I do not for a moment believe.

We expect a large class of students of both sexes next fall. We also expect that a larger proportion of the women will fail physically and mentally than of the men. We expect better attention and better behavior than is usual in medical schools, and that there will be no reduction in the standard of requirements, but rather an elevation of them, and an elevation of the morals of the students, and that the vexed question is very easily and satisfactorily settled.

The Production of Hemorrhage, Anæmia, etc., in the Lungs by Injuries to the Base of the Brain.

DR. BROWN-SEQUARD contributes to the *London Lancet*, Jan. 7, 1871, some experimental researches on guinea pigs, rabbits and cats, to show how frequently the lungs are altered consecutively to a lesion of the brain. He states that in almost all cases of injuries by crushing, or section of the pons varolii, ecchymoses were found in the lungs; sometimes the whole lung was crowded with effused blood, and real pulmonary apoplexy existed. Injuries to other portions of the brain were attended with similar results, but they rarely followed injuries to the medulla oblongata and spinal cord, although the nerve-fibres, going from the pons varolii to the lung, pass through both of these divisions of the nervous system. Experiments show that it is not through the par vagum but the sympathetic, especially by its spinal roots, that the peculiar influence of the irritated pons varolii exerts itself in producing pulmonary hemorrhage. The condition of the lung, as regards distention or collapse of air cells, does not materially change the effect. A lesion in one of the lateral halves of the pons produces generally a much greater effect on the lung of the opposite side. Anæmia may also be produced after similar injuries of the base of the brain, but especially of the pons varolii, some parts of the lung seem-

ing to be absolutely deprived of blood. Œdema appears principally after injury of the medulla oblongata, the lung presenting several minute grayish spots containing serum, and the minute blood-vessels being filled with the white corpuscles of blood, and free from red corpuscles. This change in the contents of the pulmonary capillaries is immediate. Emphysema, Dr. Brown-Sequard declares, can appear when not a single respiratory movement takes place, after an irritation of the base of the brain, either by crushing or cutting. This differs from the views of other observers on the mode of production of emphysema. He also states that of 188 cases of organic disease of the brain, recorded in the work of Calmeil, there was a morbid state of the lungs in more than 60 cases. He concludes that many patients attacked with brain diseases die from disease of the lungs caused by that of the central organ of the nervous system. *Medical Times.*

Regimen Sanitatis Salernitanum.

OUR readers will peruse with interest the curious history of the origin of this little volume, as described by the editor and translator :

“ Robert, Duke of Normandy, and second son of the Conqueror, having joined the first Crusade under Godefroi de Bouillon, and being on his way to the Holy Land, tarried during the winter of 1096 at Salerno, at that time the metropolis of the Norman Duchy of Apulia. During his stay there he doubtless became acquainted not only with the high repute of its School of Medicine but personally with its Faculty. In the spring, after visiting the celebrated Convent of Monte Casino, for the purpose of recommending himself to the prayers of the monks and their patron saint, Benedict, he sailed for the Levant, arriving in time to take part in the siege of Nice. After the fall of Jerusalem, at whose siege he received an arrow wound in the right arm, which assumed a fistulous character, hearing of the death of his brother, William Rufus, he started for England to claim the throne, and on his way through Italy stopped to consult the physicians of Salerno about the critical state of his arm. The wound having been caused by a poisoned arrow, the physicians were of opinion that no relief could be obtained until the poison was first eliminated from this part by suction. The risk which any one who might wish to undertake it was supposed to incur led this brave and pious Prince to hesitate in asking such a favor from any of his followers, and he was likely to have retained his disability to

the last, when his wife, hearing what was the opinion of his medical advisers, and without informing him of her intention, on several occasions, while he was sleeping, performed the task of sucking the wound, and eventually changed its entire character, whereby it soon healed. This being accomplished, in addition to a special prescription given him for the cure of fistulas, the Faculty of the School, in general council convened, indited for his benefit the celebrated *Regimen Sanitatis*, which constitutes a true code for the Preservation of Health. It is addressed to him as King of England, for such he was *de jure*, upon the death of his brother, William Rufus; and, although he never attained the throne, it seems idle to assume that it could have been addressed to any other personage. The historical and the internal evidence both point to him as the only one intended in the salutatory line."

For the entertainment of our readers we append a few extracts from the "poem," as it is called, or rather from the translation, which is quite as poetical as the original. The following couplet on "over-drinking" has a rich, homœopathic flavor:

"Art sick from vinous surfeiting at night?
Repeat the dose at morn, 'twill set thee right."

A remedy for sea sickness is proposed:

"Sea sickness its fell gripe on none will fix
Who wisely with their wine salt water mix,
And to each threatened qualm this draft prefix."

The prescription of salt was revived some years ago, when the solution of salt in brandy was in everybody's mouth. But the salt was too disgusting for permanence, as it probably proved to be in the days of Salernum. The old teachers, however, showed themselves as capable of appreciating the virtues of alcohol as some of our modern doctors. For instance:

"Let men drink wine, let beasts for fountains crave,
But water drinking never men enslave."

Here is something which reads very much like the prescription of a West-End London doctor of the present day:

"Drink after eggs will keep you strong and sound,
E'en when the doctor is himself around.
With a fresh drink let each soft egg be followed;
Should eggs be hard, then let two drinks be swallowed:
From such precautions may good health be borrowed."

Noontime sleep is discountenanced in general, though permit-

ted in the months ending in US, and containing no R—that is to say, Maius, Junius, Julius and Augustus :

“ Post-prandial sleep, ye mortals, put afar
In any month whose name includes an R.
Post-prandial sleep 's alone salubrious
In months whose names their ending have in US.”

This reminds one of the old rule forbidding oysters in the months without an R. A rule for bleeding is constructed on similar principles :

“ Called lunar are September, April, May,
Because they move beneath the Hydra's sway.
Two days—September first, May thirty-first—
For bleeding and for eating goose are cursed.
When blood abounds, in full age or in youth,
May'st bleed in any lunar month, forsooth ;
Yet chiefly in September, April, May,
Bleed freely, if you would prolong life's day.”

The revival of the following prescription might diminish the number of suicides in California :

“ Bleeding soothes rage, brings joy unto the sad,
And saves all love-sick swains from going mad.”

Our guild had the same troubles in former days as we have now, judging by the reference to quackery :

“ There is no fool, whate'er the sex or grade,
Monk, barber, Jew, comedian, or old maid,
Soap boiler he, or pompous alchemist,
Bath-keeper, forger, or poor oculist,
But has his name among wise doctors placed,
And thus through greed the Healing Art 's disgraced.”

We will conclude with one more quotation, announcing a platform for medical practitioners which has not lost any of its planks by the lapse of nearly nine centuries :

“ Let doctors call in clothing fine arrayed,
With sparkling jewels on their hands displayed
(Or dash through crowded streets with double team,
And always in a desperate hurry seem) ;
For when well rigged, and looking over nice,
You may presume to charge a higher price,
Since patients always pay those doctors best
Who make their calls in finest clothing drest—
While such as go about in simple freize
Must put up with the meanest grade of fees ;
For thus it is, *poor doctors* everywhere
Get but the smallest pittance for their fare.”

Pacific Med and Surg. Journal.

Physiological and Therapeutical Effects of Hydrate of Chloral.

CONCLUSIONS.—1. Chloral hydrate, or the hydrate of chloral, is a powerful sedative to both the motor and sensitive nervous systems.

2. If it is not entirely pure and crystallized, so that it will give off the vapor of chloroform without coloring its aqueous solution by the addition of potassa, it is without (its characteristic) action; and may be very dangerous.

3. The dose should not exceed eighty or ninety grains for an adult, and for children we should begin with no more than from fifteen to thirty grains a day.

4. It should not be prepared for use long in advance, because it may undergo such chemical or physical modification as to destroy or impair its efficiency.

5. It may be administered by the mouth or rectum. It produces the same effects by the latter as the former method; but, if convenient, it is always better to administer it by way of the stomach.

6. It should not be given to persons affected with organic disease of the brain or heart.

7. It is by the evolution of chloroform in the blood, under the influence of the alkaline reaction of the blood, that hydrate of chloral, taken into the stomach (and thence absorbed into the circulation), produces sleep and anaesthesia.

8. It is dangerous, in man, to administer it by subcutaneous injection.

9. Arterial tension increases under its influence, and the pulse is slightly accelerated. The tension diminishes after waking, as is proved by the sphygmographic tracings.

10. The urine secreted during the chloral sleep is neutral. Boiled with Fehling's solution it does not at first reduce the salts of copper, but the next day, when chloral appears in the urine, the latter has a higher specific gravity, and effects the reduction of the salts of copper to such a degree as to induce the belief that diabetes is present, which is not the fact.

11. It rarely induces vomiting, and never purging.

12. The temperature is somewhat lowered by a non-poisonous dose, thus placing it in the class of cooling medicines.

13. It diminishes perspiration, and the skin becomes a little drier than in the normal state.

14. It has this advantage, that it can be administered in a definite dose, just enough to produce anaesthesia, for example, and no more; while in the inhalation of chloroform the amount of its vapor which is inhaled is never definitely known. When

we give chloroform we are never sure what we are doing, and *it is from this cause chiefly that chloroform is dangerous.*

15. Its action *is exactly that of chloroform*, but it is longer in producing its effect, and its action continues much longer.

16. In some cases chloral causes a muscular and emotional agitation, resembling alcoholic intoxication, but the intoxication is neither disgusting nor disagreeable.

17. In almost all cases the sleep induced by chloral is remarkable for the complete anæsthesia with which it is attended, and it is rarely accompanied with hyperæsthesia.

18. The anæsthesia is proportioned to the dose given ; and, under a dose of from thirty to seventy-five grains, according to the age of the patient, cauterization with Vienna paste, or even the extraction of teeth, may be performed without sensation.

19. Compared with opium, which often causes vomiting, which destroys the appetite, which stimulates and heats, which constipates, which excites perspiration, which induces sleep but slowly, and then heavy sleep, which is followed by prolonged drowsiness, chloral does not excite vomiting nor cause constipation ; it increases appetite ; it dries the skin and cools it a little ; it induces quick and prolonged sleep ; on waking there is no heaviness or drowsiness, and it may be taken many days in succession.

20. In large doses chloral lowers the temperature of the body, producing the sensation of coolness, while opium, on the contrary, raises the temperature, and produces a sensation of warmth, which induces perspiration.

21. A dose of from forty-five to seventy-five grains of hydrate of chloral may be repeated two or three times a day without harm, and the result will be two or three hours of sleep from each dose, followed by a short period of waking.

22. As a remedy, it is sedative in the violent pain of gout, in the agonizing pain of nephritic colic, or of toothache, and also in the pain of burns or scalds. In short, it is the best of the anæsthetics administered by the stomach.

23. In cases where chloroform is desirable, as in labor, to lessen the pain of natural accouchement, in obstetrical operations, or in child-bed convulsions, the hydrate of chloral is equally available.

24. Finally, in severe chorea, when we wish to arrest the convulsions speedily, in consequence of the danger to the patient from the violence of the convulsion alone, hydrate of chloral is the most efficient remedy known.

[A person taking a full dose, one drachm, of the crystallized hydrate of chloral, should not attempt to walk about for more

than fifteen minutes thereafter, as it produces an intoxication closely resembling that of alcohol. No attempt should be made, usually, to rouse one from its effects, until three hours have elapsed after taking it, because such a disturbance increases the headache caused by the remedy to a very painful degree, and in case of any latent affection of the brain or heart, might endanger the life of the patient. One thing should never be lost sight of, viz., that when one takes hydrate of chloral he takes chloroform—the difference is merely one of degree. In chloral the chloroform enters the circulation so slowly as to produce little or no shock to the ganglionic centres; while in chloroform, rapidly inhaled, these are overwhelmed so suddenly as to destroy all symmetry of vital actions.—[*W. Pacific Med. and Surg. Journal*.

Charity Hospital, Blackwell's Island, N. Y.—Successful Case of Transplantation.

BRIDGET CONNOR, aged forty-three, a native of Ireland, single, domestic, was admitted to Charity Hospital, Ward 10, September 22, 1870. Patient has always been healthy, and gives no history of any specific trouble; states that seven years ago she noticed a redness of the skin over the internal malleolus of left leg, extending completely around and to a point half way between the ankle and knee joint; it was accompanied by considerable pain and swelling, but no varicose veins could be detected at the time. This condition of things existed for about two years, when a small ulcer formed over the internal malleolus, and from this point extended gradually in every direction. At this time was treated by a physician in the country, but with no beneficial result. The ulcer continued to increase in size for six months, and she presented herself for treatment with an abraded surface about the size of the present one. She remained here for a year and a half, during which time various methods of treatment were pursued; among others the ulcer was strapped, which reduced it to the size of two inches in diameter. At that time she went out and placed herself under the care of another physician, but at the expiration of ten months she returned for the second time, with the ulcer as large as at the time of her first admission. The former treatment was pursued, with the effect of reducing it to the size of a silver dollar. In about eight months she went out again, and three months after (Sept. 22, 1870) she applied here for the third time, presenting an ulcer irregular in shape, extending from the internal malleolus

upward for about ten inches; also from internal border of tibia, about four inches in width, at the upper part, and about five or six at the lower, involving part of the external surface of leg, very irritable and painful. Various remedies were used, but none gave good results. January 4, 1871, I took charge of the case, and ordered it to be poulticed for two weeks, with the good effect of cleaning it and relieving it from all pains and discomfort. Now, being in a healthy condition, I transplanted eight pieces of skin, each about the size of a pin head, from the inside of the left thigh, by a method not yet alluded to, and first proposed by Prof. Frank H. Hamilton, which is simply by laying the small fragments on the ulcer without scraping, rubbing, or incising the granulations, the fragments being retained by adhesive plaster, which had previously been greased at the points of contact with the new skin. In about eight days the dressings were removed, and the pieces found adherent and about the size of the thumb nail. Ten more pieces were again transplanted by the same method, with the like success, in about the same time. Since then I have transplanted several other pieces on different occasions. At present, March 10 (only a period of forty-eight days), the pieces are thoroughly united, and the ulcer completely healed—*Medical Journal*.

Is it Right to Vaccinate or Re-vaccinate Pregnant Women?

ROBERT BARNES, M. D., obstetric physician, and lecturer on midwifery and diseases of women and children at St. Thomas's Hospital, writes to the *British Medical Journal* on this topic:

The question has frequently been put to me, "Is it right to vaccinate pregnant women?" Some persons seem to entertain the apprehension that pregnant women incur special and serious risks under vaccination. To justify exceptional neglect of vaccination in their case, it ought to be shown not only what this special risk is, but also that it is more serious than the risk incurred by the women themselves of taking the small-pox, and thus of propagating the disease to others. The community, as well as the pregnant women, must be consulted.

To make out, then, a case for special exemption, it ought to be shown that the pregnant woman incurs a particular danger. Where is the evidence of this? The following passage from Dr. Meigs' work on "Diseases of Females" (1848) has been cited to me as authoritative in this matter. "Do not," says Dr. Meigs, "vaccinate women when pregnant. I have been the wit-

ness of dreadful distress from the operation. Eschew it, I entreat you." It would be very desirable to have the cases justifying this very emphatic assertion recorded. I fear there is some confusion in the matter. Then, asking for evidences of mischief—as of abortion—from vaccination, I have been told of abortion and serious illness following small-pox. I do not doubt that small-pox is a most serious accident to a pregnant woman. But does it not follow, *à fortiori*, that pregnant women should be protected against small-pox?

My own experience has supplied me with many illustrations, which warrant the following propositions:

1. Pregnant women, living under epidemic or zymotic influences, are more prone to take the prevalent morbid poisons than others.

2. Having taken a morbid poison, they are less able to throw it off. Their excreting organs, charged with the double duty of purifying two organisms, are liable to break down under the additional burden.

3. The morbid poison pursues its course in a system which is less able to resist its injurious action. Abortion, and a most dangerous form of puerperal fever, are very likely to follow.

Against this certainly greater risk of taking small-pox, and certainly greater severity of the disease, if taken, what, I ask again, is the special danger of vaccination or re-vaccination? The operation, we know, is not altogether free from danger in adults of either sex. Before resorting to it it is wise to get the system into good condition. Do pregnant women run more risk than other adults? Probably they are at some disadvantage; but I believe the special dread of abortion is exaggerated, if not altogether unfounded. The healthy ovum clings to a healthy uterus with wonderful tenacity. An ordinary illness, much less the slight febrile disturbance of vaccination, will not affect this relation. On the other hand, slighter causes may precipitate an abortion already imminent.

So far is vaccination from causing abortion, that cases are known in which the foetus has gone safely through the vaccine disease *in utero*, so that it has subsequently been proof against vaccination.

I think, then, we may conclude, in the absence of decisive evidence of special danger, that pregnant women are entitled to equal protection against small-pox with the rest of the community, and that vaccination or re-vaccination should be practiced on pregnant women in their own interest as well as that of the community of which they form a part.—*Medical and Surgical Reporter.*

Reduction of Hernia in the Erect Posture.

DR. MCCREACHY, in *The Canada Lancet*, gives a case in which the patient was relieved by taxis in the erect posture, and adds the following remarks:

Firstly.—Obstinate constipation, or complete occlusion, may sometimes be caused by a partial incarceration of a portion of an intestine, which neither digital examination nor any physical means can properly demonstrate. The extreme importance of a proper diagnosis in suspected cases need not be insisted on. This patient had taken for two or three days previous enormous doses of salts but without any effect; this I was not aware of at the time. I had a very interesting case of this kind some time ago, which terminated on the fourth day in complete relief, by spontaneous reduction.

Secondly.—Is the erect posture the proper one, or only accidentally advantageous? Might I presume to offer a theory to my medical brethren, which, in the absence of any other that I am aware of, may be thought worthy of some consideration?

I believe that the proper position, theoretically, for the reduction of a strangulated inguinal hernia, and in which alone the coöperation of dynamic agencies can be utilized, is the erect posture, with the flexure and adduction of the thigh.

The means to be used are obvious. If beforehand the colon be well evacuated, or as much so as possible, every rational preparatory condition will have been fulfilled. In the old position but one force is brought to bear—the *pushing force* used by the operator, if I may so term it. By this method we have a pulling force (*a fronte*), namely, the weight of a large portion of the bowel, striving to drag the remainder from its posture of imprisonment. Why not, then, invert the patient, and secure the action of this new force in a still greater degree? Simply this: The rhythmic action of the diaphragm forbids the continual operation of this force, and, should it have any effect, it often leaves matters *in statu quo* during its contraction; besides, the force here would generally be acting at an angle, the ring being the fixed point.

Thirdly.—Many practical men prefer this method of reduction, without regard to theory.

M. D., \$40, C. O. D.

A BILL was introduced into the Pennsylvania Legislature the other day to repeal the charter of the Eclectic Medical College of Philadelphia. Perhaps some of our readers do not know

what the Eclectic Medical College is. *The Press* has been at some trouble to find out, and has discovered that it possesses, or at various times has possessed, as many corporate names as a Spanish Prince of the blood has titles. The Legislature has tinkered it so often that nobody but the Faculty can be quite sure of its identity. On one occasion important privileges were conferred upon it by an obscure section in a bill authorizing the construction of gas works—a bit of Quaker satire none the less effective because it was probably unintentional. Having thus an extraordinary variety of compound titles to select from, and considerable ingenuity in making the selection, it is not surprising that this flourishing institution, which, according to common report, never had either pupil or professor, and whose faculty consisted wholly of a Dean, should have preferred to be known by an appellation which led the public to confound it with the highly respectable University of Pennsylvania. The value of this mistake is apparent when we learn that the sole business of the Eclectic Medical College was the manufacture and sale of degrees, in accordance with the terms of the following circular:

COLLEGIATE AGENCY.

This agency has been established for the purpose of giving such information as is generally necessary before entering upon a collegiate course of study, or taking any of the learned degrees.

Books, medicines, &c., will also be sent C. O. D., at market rates, upon receipt of orders.

Physicians' practices sold on accommodating terms.

Through the recommendation of this agency, physicians, lawyers, clergymen and teachers can obtain the honors of all the Universities in the United States, such as the degrees of A. M., A. B., M. D., D. D. S., D. D., LL. D., &c.

For additional particulars, address .

A. J. HALE, M. D., 214 Jacoby street, Philadelphia.

The "additional particulars" ascertained by addressing this gentleman (a Dr. John Buchanan, has of late succeeded him as Collegiate Agent and Dean of the Faculty) were always to the effect that a diploma could be obtained from "the Philadelphia University" at a price commensurate with the kind of honor which it conferred. A good, plain, serviceable Doctor of Medicine, for instance, could be turned out for \$50 or less, and a Doctor of Dental Surgery would come still cheaper. It was not necessary to attend lectures, or pass an examination, or even make a personal application for degrees. Mr. Hale would make a D. D. out of a boy of ten, and a Doctor of Civil and Common Law out of an idiot who could neither read nor write, provided they paid the money on delivery. The coveted parchment, signed and sealed, and gay with ribbons, could be sent by express, C. O. D., and the purchaser need not pay till he had seen it.

The diplomas, of course, were all issued by the Eclectic Medical College, under one of its many *aliases*, and the gentlemen who purchased these valuable testimonials, supposing it was the University of Pennsylvania which testified in their praise as learned and well-beloved disciples, often chuckled, we have no doubt, over the little game they believed they had played upon that venerable institution. We have no idea how large a business was done in these deluding degrees, but the public has a huge appetite for titles, and the trade was probably brisk. Upon the whole we are sorry it is to be stopped. To be sure, the Eclectic Medical College is said to have exceeded its corporate powers, and conferred degrees which were unauthorized by the Legislature, and consequently invalid; but we cannot see why they were not just as good as the valid ones, and as good, for the matter of that, as an honorary title from almost *any* American seat of learning. D. D.'s, and LL. D.'s, and various other ornamental D.'s, have been getting dreadfully common of late years, and have been applied to most preposterous uses; and we rather think if Dean Buchanan should keep up the business of conferring degrees by express a little while longer, he would make them so cheap that no respectable man would be seen wearing one—which would certainly be a great public relief.—*New York Tribune, May, 1871.*

Lacteal Secretion Twenty Years after last Accouchment.

THE subject was a woman forty-eight years old, a beggar, and living miserably. Married at the age of sixteen and a half years, she had the year following a child, which she nursed fourteen months, and four or five years after another period of gestation, which terminated by the birth of a still-born child. After her last accouchment this woman had milk for some months and then it disappeared. After the lapse of twenty years this same woman presented herself to the writer, complaining of shooting pains in all parts of her body, accompanied by an abundant lacteal secretion in one of her breasts—the left one. Dr. Raguer advised her to enter the Hospital of Vich for treatment, where she recovered. Ten years later milk again appeared in the left breast, and diuretics were prescribed, of which the effects were not reported. Again, three months later, she came to the doctor to say that this time both breasts were full of milk. The physical qualities of this milk appeared to be such as to leave nothing to be desired, but no chemical analysis was made.

The lancinating pains which had always accompanied the preceding secretions were at this time much augmented, and the patient appeared extremely emaciated, but without much fever.

She had menstruated regularly up to the age of forty-six, and had suffered from an abundant chronic leucorrhœa, which still continued.

Can this be a physiological anomaly or a pathological state?
—*Chicago Medical Times.*

EDITORIAL.

THE HEAD OF RULLOFF.

IMMEDIATELY after the execution of Edward H. Rulloff, the murderer-philologist, at Binghamton, N. Y., on the 18th of May last, the head was removed, by several surgeons of that city, for dissection. On the 22d they were able to ascertain the weight of his brain. The brain weighed 59 ounces—being $9\frac{1}{2}$ or 10 ounces heavier than the average weight. The heaviest brain ever weighed was that of Cuvier, the French naturalist, which is given by some authorities as 65 ounces and by some as 64 ounces. The brain of Daniel Webster (partly estimated, on account of a portion being destroyed by disease,) weighed 64 ounces. The brain of Dr. Abererombie, of Scotland, weighed 63 ounces. The average weight of man's brain is about 50 ounces; the maximum weight 65 (Cuvier's), and the minimum weight (idiots) 20 ounces. As an average the lower portion of the brain (cerebellum) is to the upper portion (cerebrum) as 1 is to $8\frac{8}{10}$. The lower (brute) portion of Rulloff's brain and the mechanical powers were unusually large. The upper portion of the brain, which directs the higher moral and religious sentiments, was very deficient in Rulloff. In the formation of his brain Rulloff was a ferocious animal, and, so far as disposition could relieve him from responsibility, he was not strictly responsible for his acts. There is no doubt he thought himself not a very bad man on the morning he was led out of his prison, cursing, from the cell to the gallows. The measurement of Rulloff's head, around at the eyebrows (supra-orbital), was $24\frac{1}{2}$ inches; the skull was the thickest ever known—in no place was it less than three eighths of an inch in thickness, and in most places it was half an inch thick. The usual thickness of a man's skull is less than one fourth of an inch.

Ruloff's head was opened in the usual way, by parting the scalp over the top of the head, from one ear to the other, and sawing off the top. The surgeons who performed the operation say it required three quarters of an hour to saw around the skull, and before it was completed they began to think the head was all skull.

With the protection of a skull half an inch thick, and a scalp of the thickness and toughness of a rhinoceros rind, the man of seven murders was provided with a natural helmet that would have defied the force of any pistol bullet. If he had been in Mirick's place the bullet would have made only a slight wound ; and had he been provided with a *cutis vera* equal to his scalp, his defensive armor against bullets would have been as complete as a coat of mail.

The cords in Ruloff's neck were as heavy and strong as those of an ox, and from his formation one would almost suppose that he was protected against death from the gallows as well as by injury to his head.

A somewhat similar testimony is given in regard to the head of Doctor Porsen, of Oxford, the celebrated English philologist. He was an acute and profound scholar, as every *savant* knows. The theory of phrenology just being evolved by Gall, his attention was called to the skull of Porsen, which had an extraordinary thickness, and apparently controverted his published opinion. "I know not how ideas ever entered that skull," said Gall, "but it is certain that they never escaped from it."

NEXT SESSION OF THE ECLECTIC MEDICAL COLLEGE.

THE winter session of the Eclectic Medical College of the City of New York will begin on the 20th of October next. The Faculty and Trustees of the institution appeal once more to their friends throughout the State and country to rally once more to its support. The facilities for medical students in this city are surpassed nowhere on the continent. The Eclectic Medical College is behind no other in its curriculum of instruction ; and women, as well as men, enjoy the advantages which it furnishes.

The following Professors constitute the Faculty for the ensuing year :

ROBERT S. NEWTON, M. D., Surgery, President.

R. A. GUNN, M. D., Anatomy.

J. M. F. BROWNE, M. D., LL.D., Physiology and Pathology.

JAMES M. COMINS, M. D., Obstetrics and Diseases of Women and Children.

PAUL W. ALLEN, M. D., Theory and Practice of Medicine.

E. S. MCCLELLAN, M. D., Materia Medica and Pharmacy.

J. MILTON SANDERS, LL. D., Chemistry and Toxicology.

R. RICKER, M. D., Demonstrator of Anatomy.

Doctor Gunn has served as Professor of Surgery at the Bennett Medical College, of Chicago, with great ability and to the general acceptance, and his acceptance of a chair in this College will be generally regarded as a valuable acquisition to the Faculty. Doctor McClellan has also occupied the position of instructor at the Medical College of Worcester, formerly presided over by the late Calvin Newton. The withdrawal of Dr. Edwin Freeman, who has few peers as a teacher or practitioner, is thus compensated. The other members of the Faculty—Doctors Newton, Allen, Browne, Comins and Sanders—require no introduction to the readers of THE REVIEW; and their presence next autumn will be the assurance of entertaining as well as thorough courses of lectures. The doctrines taught will be radically eclectic.

The organization of the Board of Trustees remains unchanged.

We now appeal to the friends of reformed medicine to do their part in the way of sustaining this, the principal genuine eclectic institution in this country.

PROCEEDINGS OF THE HOMCEOPATHIC MEDICAL SOCIETY OF OHIO.

SIXTH ANNUAL SESSION, CONVENED AT DAYTON, O., MAY 10TH
AND 11TH, 1871.

THIS report comprises some eighty-four pages of valuable and interesting matter. The papers presented at the annual meeting, and the discussions elicited, show that the Society is an active, earnest and intelligent body. The annual address, by J. C. Sanders, M. D., upon "Consultations—their Uses and Abuses," is an able and interesting production.

THE TRANSACTIONS FOR 1871.

THE Secretary has nearly completed the preparation of the papers for Volume V of Transactions of the Eclectic Medical Society of the State of New York, and will place them *speedily* in the hands of the State Printer.

NEWS AND MISCELLANY.

APPOINTMENTS FOR 1871.

THE following appointments have been made by Samuel Tuthill, M. D., President of the Eclectic Society of the State of New York, for the current year, and the Annual Meeting of 1872:

Annual Address.—Robert S. Newton, M. D.

Essayists.—Drs. Dennis E. Smith, P. A. Morrow, Byron Preston, J. M. F. Browne.

Surgery.—Drs. R. S. Newton, Andrew W. Russell, Walter D. Jones, George W. Carpenter.

Obstetrics.—Drs. M. M. Fenner, J. Edwin Danelson, Joel C. Hulbert, Harmon Pease.

Medical Hygiene.—Drs. Helen A. Goodspeed, George W. King, Orin Davis, Charles Archer.

Materia Medica—Drs. N. F. Marsh, Maria B. Hayden, Josiah Arnold, A. P. Parsons.

Theory and Practice of Medicine.—Drs. James Y. Tuthill, H. E. Firth, H. C. Taylor.

Chemistry and Pharmacy.—Drs. Edwin Freeman, J. Milton Sanders, William R. Hayden, O. H. Simons.

Progress of Eclectic Medicine.—Drs. James M. Comins, Rollin J. Burton.

Medical Statistics.—Drs. Orin Davis, William Jones, R. S. Newton, L. Robens.

Medical Instruction and Eclectic Medical Institutions.—Drs. John H. Fitch, A. P. Hale, Calvin S. Totman.

Scrofula and its Agency in Producing Mental Disorders.—Drs. A. Wilder and J. M. Browne.

The Eclectic Medical College of Pennsylvania.—Drs. Calvin S. Totman, M. M. Fenner, Orin Davis, William Archer, Dennis E. Smith.

The delegates to the National Eclectic Medical Association, meeting in the City of New York in October next, will be announced at a future day.

The appointments to make reports and prepare papers on scientific topics do not at all affect the acceptableness of volunteer contributions from others on the same subjects. All are invited to help.

PHYSICIANS' INCOMES. — A New York letter to the *Springfield Republican* gives the following as an account of the incomes of medical men: "A physician in good practice will receive patients at his office four hours daily, and make calls for about the same length of time. From ten to twenty callers, and half as many house patients, would be a fair average; the fees would be two and five dollars each. At these figures it would not be hard to make up an income of \$20,000 or more a year. It is stated of Dr. William Parker, I believe, that,

having been called out of town to attend a patient, he returned a bill of \$300, and when it was disputed he showed by his books that his daily receipts were much over that sum. Surgeons' single charges are larger than those of physicians, though the incomes of the latter are probably the highest. For ordinary attendance their rates are about the same, or say five dollars a visit. From twenty-five dollars upward is the charge for operations. For setting an arm or leg \$250 would be asked, larger undertakings being in proportion. For a case requiring delicate operation and six weeks' constant attendance, sometimes two or three times a day, \$1,000 was lately asked by a leading surgeon. In another instance, where a wealthy gentleman was jammed by a railroad car, he was attended by Dr. W——, who made about a dozen visits, without any important operation, and sent in a bill for \$2,500, which was paid. This is exceeded by Dr. C——, who charged \$2,000 for an operation alone, while another surgeon is said to have received \$4,500 from one patient. The prices charged by dentists are quite as high as those of physicians. A man of ordinary reputation in the profession will ask from \$5 to \$30 for pulling a single tooth. Mr. A——, one of the most fashionable dentists, is reported to charge \$10 for simply examining a person's teeth, and \$25 an hour for operating on them, and has brought in a bill of \$200 for filling a single tooth. Many people refuse to pay these fancy prices, but it is a common thing to have to pay anywhere from \$10 to \$100 for a dentist's bill. Most practitioners of any reputation have engagements very far ahead. Ten days is a short time to wait for your turn; while a friend of mine, who went to Europe in the middle of last October, on applying to her dentist for treatment, was told that he could not give her a single hour's heed until February, or nearly four months in advance. Dentists are kept busy all the year round, and seldom have any leisure. Their practice is confining, and not healthy, but it is very profitable. Their incomes range from \$5,000 to \$50,000 a year, while they have no expenses for carriage hire, books or travel, and not a very heavy outlay for materials and keeping up their offices.—*Med. and Surgical Reporter.*

CHLORAL.—As an indication of the quantity of hydrate of chloral used in this country (England) since its introduction here, about a year and a half ago, I may state incidentally, on what I have every reason to consider reliable authority, that one commercial house alone has supplied the English drug market with ten tons of the substance; three other houses have each, it is supposed, supplied as much more, so that fifty tons weight have been, on this calculation, sent out—an amount which would yield 36,000,000 narcotic doses, of about 20 grains each, to England alone since August, 1869. Does the frequent administration of chloral lessen or increase the danger of the administration? On this question I am forced to state that the frequent administration of chloral, though it may suggest greater confidence in it on the part of those who take it, increases the danger from an excessive dose. Chloral differs from opium in this respect: opium

produces chronic symptoms peculiar to itself, but the dose may be steadily increased without immediate danger from the increase; chloral cannot be used in this cumulative way without danger.—*Dr. Richardson, in Med. Times and Gazette.*

VACCINATION IN HOT WEATHER.—In India vaccination is only performed during the cold season. All attempts that have been made during the hot and rainy season have completely failed. If the hot season of India so completely nullifies the effects of the vaccine virus, possibly a series of carefully noted cases during the summer months in this country might modify the prevailing view that vaccination is equally successful and protective no matter what season of the year performed.

SPECIFICS.—The following remedies are said to be valuable and infallible: For corns, easy shoes; for bile, exercise; for rheumatism, new flannel and patience; for gout, toast and water; for the tooth-ache, a dentist; for debt, industry; and for love, matrimony.

HUMAN MILK DIET.—Dr. Macgowan mentions the case of an opulent man in China who required one hundred nursing women for supplying him with nourishment. On attaining his 100th year, he was "as round and plump as a squash." One hundred and sixty is the utmost point of longevity which man is known to have attained in the West.—*Med. Times and Gazette.*

LIME WATER IN BRIGHT'S DISEASE AND ANASARCA.—Kuchenmeister recommends the employment of lime water in Bright's disease, on the ground of its power of dissolving proteine. He has administered it also with the object of dissolving the proteiniform infiltrations of the kidneys in scarlet fever. He gives one or two teaspoonfuls of lime water in milk every three hours. Under its influence the quantity of urine augments to many times its original amount. Slight hæmorrhages occasionally require that it should be stopped, but the quantity of albumen diminishes, whilst the number of fibrinous and epithelial cylinders in the urine seem to increase. The success of lime water treatment is remarkable in anasarca, but less brilliant in dropsy of the serous cavities.—*La Rev. Medicale. Feb. 26, 1870.*

MORMON PRECAUTION.—According to the *Northwestern Medical and Surgical Journal*, "Mormon physicians are forbidden, under a penalty of \$1,000 and not less than a year's imprisonment, to prescribe any of the more powerful agents known to the medical profession, without first explaining to the patient and his friends their medical properties, and procuring the unqualified consent of all concerned."

STATISTICS OF SUICIDE.—According to the *British Medical Journal*, "in analyzing the statistics of inquests held, as Coroner of Central Middlesex, Dr. Lankester points out, in his seventh annual report, just prepared, that the proportion of suicides to the population in England and Wales is one in 12,000, while the proportion in Central

Middlesex is about one in 13,000. The figures seem to show that of all causes of death suicide is the most constant. The proportion in which the sexes commit suicide is nearly everywhere the same. It may be stated that the proportion of males to females is as five to two. The ages at which suicide is committed are for the seven years nearly the same. One in twelve are young people under 20 years of age; a larger proportion among people above 60; and the remainder, nine tenths of the whole, are equally divided among people from 20 to 40 years of age. A further analysis of the case shows that, as a rule, women prefer taking poison and drowning themselves. Of the twenty-three cases of female suicide in 1868-9, six were from poisoning and ten from drowning. Women seldom cut their throats or hang themselves, whilst, of the sixty-six cases of male suicide, exactly one-half choose these methods of self-destruction. Men are also more given to jumping out of windows and from the top of high places.—*Med. Times.*

A CHINESE THEORY OF SUDDEN DEATH.—A telegraph line, about fifteen miles long, having been constructed near Shanghai, the natives supposed that the messages were carried along the wires by devils in the employ of the foreign barbarians. To this they made no objection, until a Chinaman chanced to die suddenly in a house near which stood one of the telegraph poles. It then occurred to another native genius (an amateur coroner) that one of the devils had come down from the wire and killed the unfortunate man; whereupon he and his compatriots proceeded to destroy the dangerous apparatus.—*Ibid.*

OINTMENT FOR HÆMORRHOIDS, which was used by the late Professor W. R. Fisher:

Take of sulphate of morphia.....	iiij grains.
Ext. stramonium.....	xxx “
Olive oil.....	lx “
Carbonate soda.....	lx “
Lard cerate.....	3 iii.

Mix.

—*American Journal of Pharmacy.*

ELIXIR OF “BARK” AND IRON:

Take of pyrophosphate of iron.....	cxxvij gr.
Water.....	vi.
Simple syrup.....	ii.
Sulphate of quinia.....	vj gr.
Sulphate of cinchona.....	iii gr.
Sulphate of quinidia.....	iiij gr.
Tinct. of bitter orange peel.....	ij.
Diluted alcohol.....	vj.

Put the water, pyrophosphate of iron, and a half ounce of the simple syrup into a pint bottle, and shake occasionally till the pyrophosphate of iron is dissolved.

Into another pint bottle put the diluted alcohol, tincture of bitter orange peel, and the sulphates of quinia, cinchona and quinidia, and shake occasionally till these salts of bark are dissolved; then add the whole to the bottle containing the pyrophosphate of iron, and shake till mixed; after which filter through paper and add the remainder of the syrup, and mix by shaking, and the preparation is ready for use or sale.—*Journal of Pharmacy.*

FRIENDLY VISITS.—Mr. Liston was once asked by a patient to take part in a hunting excursion with the hounds in a northern county; he complied. His opinion was asked in regard to a certain case; he advised amputation of a limb, performed amputation in his usual masterly manner, and was reminded, when he claimed his fee, he was regarded “merely as a friend.” Liston said to us, “I never again accept an invitation to be mounted ‘as a friend.’” Radcliffe tells us that on one occasion a miserly old merchant attempted to steal his opinion with regard to his own case. “What shall I do?” said the patient to him. “Why, sir, I should advise you to take advice”—a very proper response to the would-be pauper patient. The lawyers are shrewder than we are in these matters. Mr. Fazarkley was once asked by one of his hunting friends what he would do under certain circumstances. “I think,” said he to the inquiry, “I should defend the action.” The action was defended and defendant mulcted in damages and costs. “I lost my cause,” said his hunting friend to Mr. Fazarkley, “by acting upon your opinion.” “I don’t recollect it,” said Fazarkley. The vanquished defendant thereupon replied, “You gave me that opinion when we were riding together to meet the Pytchley hounds.” “Oh!” said Fazarkley, “that was my *traveling* not my *professional* opinion.” It is scarcely necessary, we think, to draw a moral from these facts.

TINCTURE OF ARNICA IN ACUTE PULMONARY AFFECTIONS.—Mr. C. C. Balding, M. R. C. S., writes to *The Lancet*: “I am desirous of calling the attention of the profession to the value of tincture of arnica in the treatment of pneumonia and other acute pulmonary affections. Some years ago Mr. Mitchell Henry, then assistant-surgeon at the Middlesex Hospital, wrote an article in *The Lancet* advocating its use in allaying irritative traumatic fever. A few weeks after the appearance of that article I was summoned to a man, a railway porter at this station, who had been squeezed between the buffers of two trucks. I found the sternum depressed, and, consequently dislocation of sternal ends of both clavicles; he was suffering acute pain in the chest, and was almost in a state of collapse, and, from his condition, I feared injury to the lungs. With difficulty I got the sternum in position, and when he rallied, which he soon did, I gave him five minims of tincture of arnica every four hours. To my surprise the pulse kept down; he had no febrile disturbance whatever, and in a few weeks resumed his usual occupation.

It then struck me that a drug exercising such powerful effect upon

the heart's action must be of benefit in acute pneumonia, and I determined to give it a trial; and it was not long before I had an opportunity of doing so. Its good effects exceeded my hopes, and since then I have treated all my cases of acute pneumonia in adults with the remedy—for such I must call it, for I have never known it to fail. I employ it also in acute hæmoptysis; but when there is extensive tubercular disease of the lungs I have not found it lower the circulation.

POISON OAK—TETANUS.—Dr. W. W. Dunn, of Louisiana, writes us: “I consider a decoction of the leaves of a tree, known with us as cotton wood, a specific for poison oak. I prescribe a teacupful several times a day until the disease is cured. I never knew it to fail. There is no danger; the patient can *drink ad libitum*. There is also a small, creeping vine, with us known as May pop, which we have tried successfully in tetanus. Make a strong decoction, and give freely until emesis is produced, and all the spasms, rigidity of muscles, the annoying symptoms, speedily vanish as if by magic.

LOCALITY OF THE SENSE OF TASTE.—Dr. Camerer, in the *Zeitschrift für Biologie*, publishes the results of experiments on nine persons, with a tube of about a third of an inch in diameter pressed over different parts of the tongue, into which solutions of salt, sugar, sulphuric acid, etc., were poured to a small height. The gustatory sensibility was found to be seated in the fungiform papillæ, and not in the mucous membrane, and not at all in those portions of the tongue which were devoid of papillæ.

VACCINATION OF PREGNANT WOMEN.—Dr. Barnes, in the *British Medical Journal*, March 4, 1871, urges the importance of vaccinating pregnant women, if they are at all exposed to the epidemic influence of small-pox, and for these reasons: 1. Pregnant women, living under epidemic or zymotic influences, are more prone to take the prevalent morbid poison than others. 2. Having taken a morbid poison they are less able to throw it off; their excretory organs, charged with the double duty of purifying two organisms, are liable to break down under the burden. 3. The morbid poison then pursues its course into a system which is less able to resist its injurious action. Abortion and a most dangerous form of puerperal fever are very likely to follow. Against this there is certainly a danger of producing abortion by vaccinating a pregnant woman; but this, Dr. Barnes thinks, occurs only in women in whom a miscarriage is imminent.

REQUISITES FOR GRADUATION IN THE ECLECTIC MEDICAL COLLEGE OF NEW YORK.—Candidates for the degree of Doctor of Medicine must present satisfactory evidence that they have attained the age of twenty-one years, and are of good moral character; they must have studied medicine three years with some respectable practitioner, and have attended two full courses of lectures in some legally incorporated college—the last of which shall have been attended in this college—or they must have been engaged in a constant and reputable practice of

medicine for four years, and have attended one full course of lectures in this college.

A NEW AND SAFE METHOD OF DELIVERING IN ARM PRESENTATIONS AFTER OTHER METHODS HAVE FAILED.—Dr. Park B. Tucker gives two cases (*London Lancet*, Feb. 18, 1871, p. 230) in which it was found impossible to turn the child. Its body was therefore perforated, and the abdomen and thorax sufficiently emptied to enable the physician to reach the bodies of the vertebræ. These were crushed with a common pair of tooth forceps. The body now became bent at that point, and descended sufficiently low to permit the operator to pass a handkerchief around it. On making traction the pelvis and lower extremities were born, followed by the trunk and placenta. Instead of tooth forceps, the doctor recommends a pair of spring-cutting blunt pliers, with long arms, such as are used by dentists for cutting off incisor teeth, but on a much larger scale.

POISONED WITH SWEETMEATS.—This sentence threatens to take its place among the verdicts of coroners' juries, if we may judge from what we hear of the sale of poisonous confectionery. A correspondent of the *Pharmaceutical Journal* writes: "A short time since I purchased some comfits of a most respectable dealer in Oxford street, and my suspicions being aroused by the brilliant colors of some of the sweets, I examined them, and found that chromate of lead, vermilion and other metallic poisons had been used in their manufacture." The idea of this may well strike terror into the hearts of those who superintend the nursery. There is, however, one great safeguard, which may be condensed into the moral, never buy sweetmeats which are colored brilliantly. A still safer moral is, never buy sweetmeats at all.

CHEAP MEDICAL COLLEGES CONDEMNED.—The Missouri State Medical Association, which met recently in St. Louis, placed the seal of its condemnation on the practice of some of our medical schools of lowering fees in order to attract students. The following pointed preamble and resolution were passed: "*Whereas*, The grand struggle for existence between the numerous schools throughout the country has been degraded, in many instances, to one of mere dollars and cents, by lowering the charges, and that this unprofessional step is accomplishing more than anything else to lower the standard of our profession; therefore be it *Resolved*, That we approve the recommendation of the American Medical Association, that a uniform standard of charges be adopted by the various medical schools, and recommend that any medical school in this State resorting to low prices for increasing their classes be excluded from this association.

TABLE OF CONTENTS.

	PAGE.
Abdomen, Puncture of, for Tympanitis.....	353
Accident Insurances.....	381
Acid, Carbolic, Preparation.....	175
Aconite and Veratrum in the room of Antiperiodics.....	286
Act to Incorporate the National Eclectic Medical Association.....	478
Acute Bright's Disease.....	428
Acupuncturator, "Brown's".....	90
Acute Indigestion, Treatment of.....	171, 410
Acupuncture, Treatment of Disease.....	330
Albumen, A new test for.....	47, 428
Allopathy embracing Homœopathy.....	184
Alopecia, Ointment for.....	45
American Chemist.....	84
American Agriculturist.....	85, 468
American Exchange and Review.....	278
American Dispensary—By John King, M. D.....	240, 275, 466
American Journal of Microscopy.....	469
American Association for the cure of Inebriates.....	469
Anæsthetic Discovery, The History of.....	72, 118, 177, 215
Anatomy, Descriptive and Surgical—By H. Gray, F. R. S.....	83
Anæsthetics—Their Relative Safety.....	96
Amputations in Pennsylvania Hospital during Forty Years.....	352
Anæsthesia of a Limb.....	428
Anæsthesia with Consciousness.....	431
Analysis of the Water of Hot Springs, Arkansas.....	477
Anecdote.....	142
Anecdote of a New England Physician.....	528
Annual Meeting of the Connecticut Eclectic Medical Society.....	41
Annual Meeting of the Iowa Eclectic Medical Society.....	43
Annual Meeting of the Indiana Eclectic Medical Society.....	43
Annual Meeting of the Massachusetts Eclectic Medical Society.....	40
Annual Meeting of the Vermont Eclectic Medical Society.....	42
Annual Meeting of the Illinois Eclectic Medical Society.....	90
Annual Meeting of the Maine Eclectic Medical Society.....	133
Annual Meeting of the New Hampshire Eclectic Medical Society.....	134
Annual Meeting of the New York Eclectic Medical Society.....	333, 367
Annual Meeting of the Thirty-second Senatorial District Eclectic Medical Society.....	44
Annual Meeting of the Academy of Eclectic Medicine.....	37
Annual Meeting of the State Eclectic Medical Association of Ohio.....	93
Annual Meeting of the Eclectic Medical Society of the State of New York....	319
Annual Report of the Surgeon-General and the Medical and Surgical History of the War.....	460
Anus, Liniment in Fissure of.....	239
Appointments for 1871.....	560
Apthæ, Treatment of.....	414
Arnica, Tincture of, in Acute Pulmonary Affections.....	564
Arsenic Eaters of Styria.....	170
Artificial Generation in the Human Species.....	165
Asthma, Suggestions as to the Cause—By C. S. Totman, M. D.....	156

Asthenia or Anæsthesia, The Production of, in Surgical Operations by Compression of the Vagus Nerve.....	358
Atropine Poisoning from Hypodermic Injection—Scarlatina Rash.....	27
Autopsy of Sir James Y. Simpson.....	26
Babies	232
Babies' Legs.....	48
Baptisia, Veratrum and Golden Seal for Small Pox—By Alexander Wilder, M. D.....	494
Bark and Iron, Elixir of.....	563
Baron Liebig's Illness.....	141
Belladonna in Constipation.....	23
Blisters Abandoned.....	239
Bodies for Dissection.....	239
Books and Journals Received.....	49
Boston Medical and Surgical Journal.....	125
Brain, The Weight of.....	123
Brandreth's Pills, &c.....	525
Bright's Disease and Anasarca, Lime Water in.....	562
Bright's Disease, Chronic Bronchitis in.....	234
Bright's Disease, Climatology of.....	513
Bromal, Hydrate of.....	416
Brooklyn Academy of Eclectic Medicine.....	229, 331, 372, 476
Brooklyn Eclectic Medical Dispensary.....	34
Burns, Cicatrices from.....	428
Burns, New Remedies for.....	141
Burns, Local Applications to.....	412
Buxin, Sulphate of, as an Antiperiodic.....	313
Bust of Harvey.....	140
California, Mammoth Trees of.....	139
Call for a National Eclectic Medical Association.....	85
Call for a National Convention of Eclectic and Reformed Physicians.....	86
Calomel—Is it a Cholagogue?.....	90
Calomel, Test for.....	239
Cancer.....	336, 377
Cancer Hospital of London.....	336
Cancer Hospital of New York, Clinical Cases Treated—By Robert S. Newton, M. D.....	397
Cancer, Treatment of.....	33
Cancerous Affections Successfully Treated.....	174
Cannabis Indica, Use of, by Smoking.....	312
Carbonic Oxide, Note on the Physiological Effects of.....	380
Cases in Practice—Traumatic Stricture of the Urethra, Perineal Operation by Syme's Method, Diabetes and Chronic Albuminaria.....	7
Cause of the Occurrence of Labor at the Close of the Ninth Month of Utero Gestation.....	455
Caustic Matches.....	382
Celibacy.....	238
Centenarian.....	144
Cerebro-Spinal Meningitis.....	138
"Certificates of Membership".....	523
Charity Appropriations for 1870 from State of New York.....	35
Charpie, Condemnation of.....	362
Childless Women in New York State.....	238
Chills and Fevers, The Philosophy of.....	379
Chilblains, Treatment of.....	429

Chloral	561
Chloral, Hydrate of.....	526
Chloral, Effects of Overdosing with.....	269
Chloral, Hydrate of, Physiological and Therapeutical Effects of.....	549
Chloral, Hydrate of, Therapeutic Effects of in Cerebral Diseases.....	76
Chloral, Hydrate of, Use of for the Relief of Pain in Cancer.....	94
Chloral. For the Relief of the Severe Pain of Burns.....	95
Chloral. For the Relief of Pain from Surgical Injuries.....	95
Chloral, Death from.....	96, 523
Chloral, Strychuine as an Antidote of.....	96
Chloral, Hydrate of, A Palatable Formula for.....	190
Chloroform, Substitute for.....	139
Chloroform to Detect Feigned Insanity.....	167
Chronic Diarrhœa in Young Children.....	458
Chronic Dysentery.....	142
Clinical Teaching.....	176
"Code of Ethics".....	322
Coffee, Tea and Cocoa as Food (Editorial).....	324
Collinsonia, Agrimony, Gelseminum, and some of the Conditions under which they should be used—By Robert S. Newton, M. D.....	116
Commercial Hospital of Cincinnati.....	280
Compressed Air, Effects of.....	221
Congenital Small Pox.....	144
Consumption and Cancer.....	238
Constipation. Beneficial Effects of Combining Tonics with Aperients in Obstinate Cases.....	412
Consumption, Rules for the Use of Raw Meat in.....	315
Contagious Diseases (Propagation by Milk).....	427
Contra-Sexual Disease—Insanity.....	167
Conversion of Starch into Sugar, Discovery of.....	239
Cooke, Mr. Weedon.....	94
Corns, Radical Cure of.....	429
Crime as a Disease.....	164
Croup, Treatment of.....	222, 416
Counterblast—By Alexander Wilder, M. D.....	57, 150
Croup, Lactic Acid in.....	336
Cure Through Dry Cupping—By J. Herman Merkel, M. D.....	403
Cynthiana News (Cynthiana, Ky).....	278
Cystitis, Treatment of—By J. M. Comins, M. D.....	400
Death by Suffocation.....	287
Death from Chloroform.....	312
Deaths from Snake Poisoning in India.....	381
Death of Miss P. R. Pronson, M. D.....	133
Death of Dr. Syme.....	135
Death of Lady Simpson.....	144
Death of a Noted Author.....	335
Diabetic Flour.....	240
Diabetes, Milk Diet in.....	168
Dickens, Chas.....	237
Diphtheria, Treatment of.....	508
Dirge.....	232
Diseases of Children. A Practical Treatise on—By J. Forsyth Meigs, M. D., and Wm. Pepper, M. D.....	28
Disease of the Heart—A Practical Treatise on the Diagnosis, Pathology and Treatment of—By Austin Flint, M. D.....	84
Disease, The Power of Nature in the Cure of.....	141
Diseases of the Skin, A Descriptive Catalogue of the New Sydenham Society's Atlas of Portraits of.....	366

Disinfecting a Sick Room, Mode of.....	311
Doctor C. C. Cook.....	95
Doctor Charles A. Pope.....	144
Doctor Auzias Turenne.....	236
Doctor Hering.....	237
Doctor James Copeland, F. R. S.....	527
Doctor J. R. Newton, the Spiritualist.....	82
Doctor Lyman Stanton.....	48, 327
Doctor Rip Vau Winkle Waking Up—By Alexander Wilder, M. D.....	448
Doctor Lewis A. Sayre.....	473
Doctor Landon C. Rives.....	527
Doctor Wilder.....	373
Doctor's Latin.....	182
Doctor's Title.....	478
Domestic Animals, Diseases of.....	404
Donations to the Eclectic Medical College of New York.....	472
Double Vagina.....	190
Dropsy, Renal Origin of.....	239
Druggist's Circular and Chemical Gazette.....	467
Dust and Contagion—By Alexander Wilder, M. D.....	207
Dysmenorrhœa—By J. Morrison, M. D., M. A.....	109
Earth, Curiosities of.....	140
Early American Periodicals.....	121
Early Artificial Delivery.....	380
Eclectic College of Pharmacy.....	229
Eclectic Life Insurance Company of New York.....	32, 331
Eclectic Library of New York.....	288
Eclectic Medical College of the City of New York.....	36, 181, 239, 469
Eclectic Medical College, Opening of.....	131
Eclectic Medical College of the City of New York, Commencement of.....	420
Eclectic Medical Society of the State of Missouri.....	93
Eclectic Medical Society of the Eighteenth Senatorial District.....	135
Eclectic Medical Society of Connecticut.....	283
Eclectic Medical Society of the State of New York, Transactions for 1870, 317, 473	373
Eclectic Medical Society of Massachusetts.....	475
Eclectic Medical Society of Maine.....	479
Eclectic Medical Society of the City of New York.....	38
Eclectic Medical Society of the State of New York, Transactions of, for 1871..	517
Eclectic Medical Societies, Time and Place of Holding the Annual Meetings of for 1871.....	473
Eclectic Medical Association of Kansas.....	431
Eclectic Medical Association of Great Britain.....	323
Eclectic Medical Books.....	371
Eclectic Medicine, The Merit of—By H. G. Barrows, M. D, LL. D.....	293
Eclectic Pharmacy and New Remedies, Collinsonia Canadensis—By Robert S. Newton, M. D.....	346
Eclecticism in Rhode Island.....	522
Educational Journal of Virginia.....	468
Effect of the Secretion of Tears on the Circulation of the Brain.....	81
Egyptian Eyesight.....	232
Electricity, Effects of, on Muscles.....	427
Epistaxis, an Improved Method of Plugging in.....	432
Eryngium Aquaticum—By James L. Reat, M. D.....	305
Ether Intoxication.....	140
Excellent Way of Finding Lung Tissue.....	234

Explosive Prescription, Oxide of Silver.....	408
Extraordinary Case.....	288
Extractum Pinus Canadensis.....	372
Extraordinary Fecundity, Case of.....	236
Factors of Life—By S. H. Potter, M. D.....	65, 106, 158
Female Diseases, Diagnosis of—By C. H. S. Davis, M. D.,.....	193
Female Doctors, Prospects of.....	285
Female Medicine.....	144
Female Medical Education and its Friends.....	330
Female Students.....	363
Fewer Births.....	336
"Fir Kramps".....	526
Flexion as a Hæmostatic Means.....	172
Food of the Armies.....	415
Force and Motion, Mechanical and Vital—By George H. Taylor, M. D.....	491
For Sale—A Rare Chance.....	192
Fractures and Dislocations, A Practical and Systematic Treatise on—By A. Jackson Howe, M. D.....	29
Fragment of Knife Blade Lodged in the Chest for Twelve Years, and Finally Coughed Up.....	324
Friendly Visits.....	564
Functional Dyspepsia.....	191
Ganglions, Treatment of.....	377
Gangrena Senilis—By Mrs. J. B. Jones, M. D.....	445
Gelseminum.....	334
Gelseminum Sempervirens.....	357
Gelseminum Sempervirens, A Case of Poisoning with.....	418
Genital Organs, Functional Derangements of, in Males.....	25
Georgia Medical Companion.....	468
Germans in America.....	474
Glycerine, New Therapeutic Applications of.....	122
Glycerine, Solvent Powers of.....	417
Gonorrhœa.....	429
Gonorrhœa Cured in Two Days.....	523
Gonorrhœa and Gleet—By C. D. R. Kirk, M. D.....	212, 262
Good Health: A Popular Journal on the Laws of Correct Living.....	30
Governor Hoffman and the Doctors (Editorial).....	282
Grains of Medical Science.....	376
Gunshot Wounds of the Heart, Rarity of.....	335
Gunshot Wounds of the Lung, Treatment of.....	475
Gynæcological Journal.....	125
Gynecology, Recent Progress in—By Chas. H. S. Davis, M. D.....	289
Hæmorrhoids, Ointment for.....	563
Health and Home.....	467
Heated Term.....	132
Hemorrhage, &c., in the Lungs, the Production of, by Injuries to the Base of the Brain.....	545
Hemorrhagic Rheumatism—By J. W. Moorman, M. D.....	69
Hernia in the Erect Posture, Reduction of.....	555
Hereditary Twin Bearing Family.....	380
Hiccough, Use of Mustard in.....	226
Hon. Wm. M. Tweed.....	470
Homœopathic Medical Society of Ohio, Proceedings of the Sixth Annual Session, Convened at Dayton, Ohio, May 10th and 11th, 1870.....	559

Homœopathic Soup.....	47
Homœopathic Fairness.....	88
Hospital Appointments.....	464
Human Milk Diet.....	562
Hydrophobia.....	191
Hydrophobia, Statistics of.....	383
Hypodermic Syringe a Means of Diagnosis in Ovarian Diseases—By Henry F. Walker, M. D.....	270
Hypodermic Syringe New Use for.....	45
Hysterical Retention of Urine.....	45
Hysteria—By Miss A. T. Nivison, M. D.....	60
Illustrated Christian Weekly.....	467
Important Statistics.....	526
Incompatibility of Quinine and Veratrum Viride.....	233
Indiana Journal of Medicine.....	468
Inebriate Asylum of the State of New York, Report of.....	469
Inebriation Hereditary.....	526
Infantile Convulsions, Turpentine in.....	334
Infantile Diarrhœa, Treatment of.....	233
Injuries from Pneumatic Pressure.....	184
Insane, Treatment of, Without Mechanical Restraint.....	314
Insanity, Jurisprudence of—By Alexander Wilder, M. D.....	385, 433, 477
Insanity, Testimony of an Expert on.....	524
Intestinal Worms—By J. A. Monk, M. D.....	265
Intoxicating Liquors Drank in the United States.....	238
Iodide of Ammonium Preferred to Iodide of Potassium.....	513
Iodide of Iron as a Remedy in Incontinence of Urine.....	528
Iodine, Improved Formula for the Administration of.....	227
Iodoform.....	191
Iodized Milk.....	335
Iowa Doctor.....	232
Is it Right to Vaccinate or Re-vaccinate Pregnant Women?.....	552
Is Pirigoff Dead?.....	381
Is Rubber Poisonous?.....	364
Is the Mission of Eclectics Completed? (Editorial).....	320
Lacteal Secretion Twenty Years after Last Accouchment.....	556
Ladies Admitted.....	144
Lady Doctor.....	287
Laudanum Drinking.....	527
Lead Foil.....	232
Lead Poisoning, Use of Milk as a Preservative against.....	191
Left-Handedness, Cause of.....	95
Life, Statistics of.....	236
Liquid Glass as a Surgical Dressing for Immovable Apparatus.....	273
Locality of the Sense of Taste.....	565
Loss of Speech after Chloroformigation.....	44
Love Melancholy, A Cure for.....	379
Lotion of Lemon Juice.....	191
Lung, Absence of.....	169
Maimed Pensioners.....	235
Making Merchandise of Scientific Honors.....	520
Malpractice, Suits for.....	354
Masked Ague.....	286
Massachusetts Medical Society.....	335
Maxims of Success.....	234

M'Bourdon or Icaja, a Poison in use at Gabou.....	269
M. D., \$40, C. O. D.....	555
Meat Preserved Nineteen Years.....	238
Medical Education.....	46
Medical Eclecticism Abroad.....	472
Medical Intolerance.....	79
Medical Proscriptionists, Defeat of—By Alexander Wilder, M. D.....	529
Medical Patents.....	366
Medical Students.....	426
Medical Students, Behaviour of.....	359
Menorrhagia—By J. Morrison, M. D., M. A.....	343
Mental and Uterine Disease, The Relations of.....	518
Mercury.....	460
Mercury—Further Experiments Demonstrating it has no Special Action on the Liver.—Experiments to Determine how far Local Stimulation of the Gall Duct in the Duodenum increases the Flow of Bile, July 22d. 1869.....	406
Minnesota, its Character and Climate.....	515
Modern Surgery.....	239
Mormon Precaution.....	562
Mr. Paget's Health.....	528
Muscle, Progressive Atrophy of.....	430
National Eclectic Medical Association.....31, 227, 249, 279, 281, 424, 469.	517
National Eclectic Medical Convention.....	130
Natural Bone Setter.....	377
Neuralgia—Electricity.....	428
Neuralgia Probably Attendant upon Galvanic Action.....	365
New Antiperiodic.....	21
New Compound.....	237
New Drug House.....	330
New Medical Journal—The Virginia Clinical Record.....	463
New Method of Reduction of Shoulder Luxations.....	430
New Method of Tapping.....	377
New Ophthalmoscope.....	45
New Orleans—De Bow's Monthly Review.....	279
Noble Reply.....	430
Non-Ovarian Menstruation.....	335
Notice to Subscribers.....279.	331
Nouvelle Theorie sur le Mecanisme de l'Accouchment.....	514
Novel Case and its Treatment.....	432
Oil of Peppermint as a Local Anæsthetic.....	382
Oil of Peppermint as a Local Application in Neuralgia, &c.....	430
Oldest Practicing Physician in America.....	527
Opium Eating.....	527
Orange Peel, Poisonous Effects of.....	168
Osborn's Neuralgic Pill.....	456
Oscar Liebrich.....	237
Our Proper Food and Medicines—By S. H. Potter, M. D.....	440
Oxaluria.....	25
Oxygen Gas, Therapeutic Power of.....	350
Oxy-Hydrogen Blowpipe.....	46
Patent Medicine Man Turns Undertaker.....	190
Pea Sausage Factory in Berlin.....	414
Pelvic Therapeutics, Further Statements of Principles Available in—By Geo. H. Taylor, M. D.....	145

Pelvis as Related to Dress—By George H. Taylor, M. D.	97
Perpetual Convulsions—By Chas. H. S. Davis, M. D.	11
Pertussis—By Harmon Pease, M. D.	536
Phthisis, Sudden Death in.	408
Physician.	236
Physicians' Diplomas from Philadelphia.	228
Physicians' Incomes.	560
Piles, New Treatment of.	361
Pills and Poetry.	374
Pinus Canadensis, Extract of.	521
Pneumonia, Statistics of the Treatment.	78
Poison Oak—Tetanus.	565
Poisoning, A Queer Case of.	96
Poisoning by Worm Lozenges.	286
Poisoning from Dead Animals—By A. W. Russell, M. D.	533
Potassa, Chlorate of.	411
Practical Anatomy: A Manual of Dissections—By Chris'r Heath, F. R. C. S.	277
Practical Hints to the Medical Profession—By O. E. Newton, M. D.	16
Prang's Chromo.	278
Precocious Mother.	384
Premature Burials, Perils of—By Alexander Wilder, M. D.	300
Premature Presbyopia.	336
Prepared Flour of Bran.	288
Preserving Organic Specimens.	22
Principles Illustrated in Practice—By George H. Taylor, M. D.	202
Prof. R. G. Barham.	331
Propylamin in Rheumatism.	509
Pulmonary Fœtor.	378
Pulse.	380
Putrefaction, Fermentation and Infection.	364
Quack, A Legal Definition of.	523
Rare Chance.	240
Real Death, Test for.	334
Reflex Insanity in Women, The Causation, Course and Treatment of.	516
Regimen Sanitatis Salernitanum.	546
Reputable Witnesses, Importance of—By James L. Reat, M. D.	19
Resolution Without Legal Force.	186
Respiratory Therapeutics.	409
Rhus Rhadicans, or Toxicodendron, and Rhus Venenata, or Vernix—By R. E. Kunze, M. D.	484
Rigidity in Sudden Death.	167
Rokitanski.	234
Roman Life.	387
Round Hill Water Cure.	36
Salivation During Pregnancy.	91
Scabies, Management of.	527
Scarlatina, Temperature in.	24
Scarlet Fever.	268
Scarlet Fever, Extreme Contagiousness of.	376
Scarlet Fever, Prevention of.	310
Science and Faith.	143
Scrophularia Nodosa.	512
Sea on Fire.	48
Sewing Machine in Regard to Health.	526

Sewing Machine on the Health of Female Operators.....	235
Shaw's Register and Photographic Case Book.....	516
Siamese Twins.....	233
Simultaneous Boiling of Two Liquids which are not Miscible.....	382
Sir James Y. Simpson's Courtship and Marriage.....	143
Size of a Child in Relation to Parturition.....	163
Skin Diseases.....	371
Skin Grafting.....	413
Sloughing Syphilitic Sore Throat.....	429
Small Pox in Paris.....	47
Small Pox in Russia.....	46
Small Pox, Sanitary Rules in.....	624
Small Pox, To Prevent Pitting After.....	429, 525
Small Pox, Value of Re-vaccination in—By O. E. Newton, M. D.....	506
Soil and Disease.....	272
Somnambulism Artificially Produced.....	378
Southern Planter and Farmer, for 1871.....	468
Specifics.....	562
Specific Medication and Specific Medicines.....	367
Spectacles, the Inventor of.....	336
Spurious Diplomas (Editorial).....	125
Starch, Glycerine and Carbolic Acid.....	335
Statistics.....	143
Statistics of Suicides.....	562
Stricture, Continuous Dilatation in.....	336
Stricture, Successful Treatment of. Case in Practice—By H. E. Finkle, M. D.....	541
Studies upon a Forbidden Topic—By Alexander Wilder, M. D.....	101
Study upon a Topic in Dispute—By Alexander Wilder, M. D.....	241
St. Paul Academy of Natural Sciences.....	478
Sudden Death, A Chinese Theory of.....	563
Sun Flower, The Virtue of.....	432
Suppressed Lochiæ. Case in Practice—By Mrs. M. B. Haydon, M. D.....	537
Surgeon's Hall and the Lady Students.....	234
Surgical Instruments, To Remove Rust from.....	234
Surgical Records of the Late American War.....	525
Swallowing of Indigestible Substances.....	45
Syphilitic Infection by an Infant.....	95
Syphon for the Stomach Pump.....	192
Syphilis and Scrofula, Differential Diagnosis Between.....	378
Syphilis, The Communicability of, by Vaccination.....	454
Syphilitic Infection from Kissing.....	430
Talks to my Patients: Hints on Getting Well and Keeping Well—By Mrs. R. B. Gleason, M. D.....	28
Tannin versus Alum.....	382
Tempest in a Teapot.....	376
Tetanus Produced by the Administration of Quinia Hypodermically.....	456
The New Eclectic.....	30
The New Volume.....	30
The Tongue, The Coating of.....	235
The Medical Times.....	240
The People's Literary Companion.....	279
The Chemist and Druggist (London, Eng.).....	279
The Medical Archives.....	468
The Eclectic.....	459
The Nose.....	233
The "New York Observer"—Year Book and Almanac for 1871.....	515
The North American Journal of Homœopathy.....	515
The Old Dominion Magazine.....	468

The Transactions for 1871.....	559
The Troy Press.....	233
The Weekly Champion.....	469
Thunder, Cause of.....	232
Tissue, The Effect of Urine on.....	430
To a Young Physician.....	480
Tobacco in England.....	46
To Correct Fetid Expectoration.....	528
Tomatoes Considered Unhealthy.....	382
Toothache Drops.....	431
Topic in Dispute.....	307
To the Eclectic Medical Profession.....	229
Transplantation, Successful Case of at Charity Hospital, Blackwell's Island, N. Y.....	551
Transplanting Teeth.....	139
Trubner's American and Oriental Literary Record.....	468
Tuberculosis, Contagiousness of.....	360
Turkish Bath.....	377
Turkish Bath in Lunatic Asylums.....	384
Urethra, Treatment of Stricture of—By Edwin Freeman, M. D.....	392, 503
Uromalanine.....	351
Uterine Catarrh—By Chas. H. S. Davis, M. D.....	437
Uterine Contraction, The Force of.....	235
Uterine Disease. Topical Medication in—By Geo. H. Taylor, M. D.....	49
Uterine Displacements.....	271
Uterine Hæmorrhage Arrested by Heat to the Spine.....	192, 382
Uterus, Absence of, in Two Sisters.....	235
Uterus, Instrumental Support of—By Geo. H. Taylor, M. D.....	1
Uterus. Secondary Effects of Local Medical Applications to—By Geo. H. Taylor, M. D.....	337
Vaccination from Kine.....	379
Vaccination in Hot Weather.....	562
Vaccination in the Italian Army.....	46
Vaccination, Precautions in.....	465
Vagina, Senile Contraction of.....	357
Vaginal Injecting and Suction Syringe.....	523
Variola Notha—By James L. Reat, M. D.....	267
Venereal Diseases, The Pathology and Treatment of—By F. J. Bumstead, M. D.....	277
Veratrum Viride, On the Alkaloids of, and their Therapeutical Effects.....	175
Viburnum Prunifolium in Ovarian Dropsy.....	457
War and the Causes.....	518
Warning.....	527
What is a Quack?.....	375
Wines.....	381
Women.....	142
Women as Druggists.....	238
Women and Homœopathy in Brooklyn.....	325
Women Medical Students.....	162
Women as Medical Students in the Medical Department of the State Univer- sity of Iowa.....	543
Women Physicians.....	236
Women Surgeons.....	234
Year's Mortality.....	382

